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HERTFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT

ON

SCHOOL HEALTH

OF

HERTFORDSHIRE

for the year

1954

By

J. L. DUNLOP,

M.D., D.P.H.,

Principal School Medical Officer.

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SCHOOL HEALTH

IN

HERTFORDSHIRE

for the year

1954

County Hall,
Hertford.
March, 1955.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have the honour to present my fifteenth Report on the Hertfordshire School Health Services.

The 1953 Report was made at the end of the fifth year of the National Health Service. The quinquennium is traditionally a period for review, and this was reflected in the introductory letter and in the body of the Report.

There is less call for administrative comment in this present Report, and more space has been given to views and criticisms and expressions of opinion by the field staff. In a year in which the population of the County has increased by 20,200 and the school population by 6,583, and twenty-three new schools were put into commission, it is not surprising that much of the comment should be concerned with the reaction of the newcomers to school life in Hertfordshire and of the children to the new school buildings.

Many of the schools being built in the immediate pre-war years in this country offered amenities and spaciousness which were not commonly found in the homes of the scholars, and one hoped that the experience of passing through a school of this kind would lead the child in later life to demand similar standards in his own home. The post-war housing programme has fortunately taught the public to appreciate these amenities, and there is no longer the same need for stimulation. It may be, however, that our schools have a new role to play.

Anyone interested in the progress of new housing schemes and building projects must be distressed at the amount of wanton damage to unguarded premises and property. This damage is generally attributed to juveniles, and indeed it would not be surprising to find a lack of respect for property in a generation born in a world in which the nations were vieing with each other in their destructive effort. In my visits to some of our new schools, I have been impressed by the fact that the children appear to be developing a genuine affection and respect for the building, its contents, and its surroundings. When this attitude becomes widespread, it will obviously do much to restore the respect for property which is such an important element in community life. It is believed by many that this basic lack in the younger generation is a fundamental factor in juvenile delinquency.

As usual, I have to thank Dr. Stewart for compiling and editing this Report. The fact that it is presented in the first quarter of the year is a tribute to the divisional and central staff responsible for submitting and collating a formidable mass of opinions, facts, and statistics.

I am, Ladies and Gentlemen,

Your obedient servant,

J. L. Dunlop,
Principal School Medical Officer.

SCHOOL REPORT FOR 1954

SCHOOL MEDICAL AND DENTAL STAFF at 31.12.54

A. Whole-time Staff.

Principal School Medical Officer.

Dunlop, J. L., M.D., D.P.H.

Deputy Principal School Medical Officer.

‡Stewart, W., M.B., Ch.B., D.P.H.

Divisional School Medical Officers.

Dacorum Division.

*Gross, M., M.B., B.S., D.P.H.

South-West Herts Division.

‡*Alcock, W., M.B., Ch.B., B.Hy., D.P.H.

St. Albans Division.

‡*Sleigh, J. C., M.B., Ch.B., D.P.H.

North-Herts Division.

‡*Walker, V. R., M.B., Ch.B., D.P.H.

Mid Herts Division.

‡*Taylor, G. R., M.B., B.S., D.P.H.

School Medical Officers.

‡Allinson, R. M., M.B., Ch.B., D.P.H.
Barasi, F., M.R.C.S., L.R.C.P., D.P.H.
Colman, B., M.R.C.S., L.R.C.P.
‡Cooper, R. S., M.B., B.S.
Gillespie, J. C., M.B., Ch.B., D.C.H., D.P.H. (commenced 1.7.54).
‡Harwood, M., M.B., D.P.H.
‡*Jones, E. M., M.B., Ch.B., D.P.H.
‡Karpati, L., M.D.
MacRae, N., M.B., Ch.B., D.P.H.
‡Miller, M. S., M.B., B.Ch., B.A.O., D.P.H.
Milne, D. G., M.B., Ch.B., D.P.H.
‡Moynihan, S. J., M.R.C.S., L.R.C.P.
‡Ormiston, H. E., M.B., B.S., D.P.H.
Shore, E. C., M.R.C.S., L.R.C.P., D.R.C.O.G. (commenced 1.7.54).
Stevenson, J. A. M. M., M.R.C.S., L.R.C.P., D.P.H.
Walker, J., M.B., Ch.B., D.C.H. (commenced 1.6.54).
Ward, M., M.B., Ch.B., D.P.H.

B. Part-time Staff.

School Medical Officers.

Crawley, J. E., M.D., Ch.B., M.R.C.P.(E.).
Garratt, C. D., M.B., B.S.
Gregory, J. C., M.R.C.S., L.R.C.P.
*Hillis, C. R., M.B., B.Ch., B.A.O.
Miall-Smith, G. M., M.B., B.S., D.P.H. (resigned 30.9.54).
Mortis, R. H., M.R.C.S., L.R.C.P.
Nunn, J. A., B.M., B.Ch. (Oxon).
Outram, M. I., M.B., Ch.B., D.P.H.
Porter, A. S., M.R.C.S., L.R.C.P.
*Scott, C. M., M.R.C.S., L.R.C.P.
Symonds, W., M.B., B.S., D.C.H.
Tresilian, K. E., M.B., B.S.

County Ophthalmic Officer (Honorary).

Kathleen F. Matthews, M.R.C.S., L.R.C.P., D.O.M.S., D.P.H.

* District Medical Officers of Health in Herts districts.

‡ Approved by the Ministry of Education for the ascertainment of educationally subnormal pupils.

C. Dental Staff.

Principal School Dental Officer.

Wilson, A. C., L.D.S., R.C.S.Eng.

Orthodontist.

Daplyn, R. G., L.D.S., R.C.S.Eng. (part-time).

School Dental Officers (whole-time).

Downey, G. F., L.D.S., R.C.S.Edin. (from October, 1954).
Jackson, B. D., L.D.S., R.C.S.Eng.
Lee, J., L.D.S.L'pool (from October, 1954).
Lindsay, G., L.D.S., R.C.S.Edin. (from September, 1954).
Wilson, J. M., L.D.S., R.C.S.Eng.

School Dental Officers (part-time).

Baker, D. G., L.D.S., R.C.S.Eng. (from February to June, 1954).
Burvill-Holmes, I. L., L.D.S., R.C.S.Eng. (from March, 1954).
Catchpole, O. N., L.D.S., R.C.S.Eng.
Downey, G. F., L.D.S., R.C.S.Edin. (July, 1954, only).
Ewart, L. M. J., L.D.S.L'pool.
Farrelly, B. J., B.D.Sc.Qld.
Fisk, S. W., L.D.S., M.R.C.S., L.R.C.P.
Ford, M. R., L.D.S., R.C.S.Eng.
Hopkinson, J. G., B.D.S.L'pool.
Lee, J., L.D.S.L'pool (from March to September, 1954).
Lole, K.B., L. D. S., R.C.S.Eng.
Mountford, D. S., L.D.S.L'pool.
Nelson, J. G., L.D.S., R.C.S.Eng.
Preedy, J. M., L.D.S.Durh.
Rabson, R. P., L.D.S., R.C.S.Eng.
Rosenkranz, P. H., L.D.S., R.C.S.Eng. (from April, 1954).
Scott, D. M. N., L.D.S., R.C.S.Eng.
Scott, G. E., L.D.S., R.C.S.Eng.
Smith, C. W., L.D.S.Sask.

Fourteen Dental Attendants were employed to assist the Dental Officers at clinics and School Inspections.

D. Nursing Staff.

County Nursing Officer.

Miss F. MacDonald, S.R.N., S.C.M., M.T.D., C.R.S.I., T.A., H.V., Q.N.

Deputy County Nursing Officer and Divisional Nursing Officer for South and East Herts.

Miss V. M. King, S.R.N., S.C.M., H.V., Q.N.

Divisional Nursing Officers.

Dacorum and St. Albans Divisions.

Miss E. Cooke, S.R.N., S.C.M., S.R.F.N., H.V., Q.N.

North and Mid Herts Divisions.

Miss M. Davies, S.R.N., S.C.M., H.V., Q.N.

South-West Herts.

Miss N. S. Teed, M.B.E., S.R.N., S.C.M., H.V.

There are 72 County Health Visitors and School Nurses, and 47 District Nurses who carry out School Nursing.

E. Medical Auxiliary Staff.

Orthoptists.

*Mrs. M. A. Coate (resigned 15.12.54).
*Miss A. J. Davie.
*Miss M. E. Jones (commenced 3.5.54) (part-time).
*Mrs. E. Sweeny

* Diploma British Orthoptic Board.

Senior Speech Therapist (part-time).

‡Mr. Leonard A. Willmore, L.C.S.T.

Speech Therapists.

‡Mrs. A. M. Battcock, L.C.S.T.
‡Miss B. J. Bentley, L.C.S.T.
‡Miss J. M. Collins, L.C.S.T. (part-time) (resigned 9.4.54).
‡Miss N. M. Douglas, L.C.S.T.
‡Miss G. Farmer, L.C.S.T.
‡Mrs. M. Greene, L.C.S.T. (part-time) (resigned 27.5.54).
‡Mrs. J. M. Martin, L.C.S.T. (commenced 3.5.54).

‡ Licentiate College of Speech Therapy.

STAFF.

Three additional School Medical Officers were appointed during the year to work in the South West, St. Albans, East, and Mid Herts areas to meet the demands of the increasing school population and to replace a number of part-time staff.

These Officers also attend most of the Welfare Centres in their areas so that the one Medical Officer should be, as far as possible, dealing with all the children of a family.

The dental position showed some improvement. Three whole-time Officers were appointed during the year. There are now also seventeen part-time Officers doing sessional work in the School Dental Service and their assistance has been of considerable value to the school children. The Principal Dental Officer refers in more detail to the position in the county later in this Report.

The number of school nurses shows a welcome increase although not yet up to the desired figure and it is possible more easily to meet the demands of the greater number of children in the county.

The appointment of a fifth full-time, to replace two part-time, Speech Therapists in 1954 enabled the waiting list to be considerably reduced and permitted the Senior Therapist to give more time to the supervision of the work in the clinics.

The additional appointment of a part-time Orthoptist for the clinics in Waltham Cross and East Barnet permitted some reorganization of the Service so that this treatment could also be offered in Welwyn Garden City and Hitchin. However, at the end of the year one of the whole-time staff resigned because of domestic commitments and it was necessary to reduce the number of sessions in several areas.

MEDICAL INSPECTIONS.

The routine age groups examined during the year continued to be the Primary School entrants, the 8-year-olds, the Secondary School entrants and leavers with an additional examination of the 13-year-olds in the Grammar Schools. This year the whole of the secondary entrant group was examined for the first time and largely as a result of this, the number of medical inspections rose in 1954 by over 5,800 to a total of 36,268.

There was little change in the number of children seen at special inspections and re-inspections.

Numbers seen at Special Inspections and Re-inspections.

	1954.	*1953.*
Specials.		
At School Medical Inspection	873	984
At Minor Ailment Clinics	2,281	2,541
At Ophthalmic Clinics	2,207	2,002
	5,361	5,527
Re-inspections.		
At School Medical Inspections	19,608	19,029
At Minor Ailments Clinics	1,214	1,097
At Ophthalmic Clinics	8,259	7,870
	29,081	27,996

The general condition of the children continued satisfactory. In 1954 1·6 per cent of those examined at routine medical inspections were placed in the "poor" category, an even lower percentage than in 1953.

School inspections and the visits of the Medical and Nursing Officers to the schools are becoming more and more part of the school life and indeed, a part of the life of the family with children of school age. Dr. Outram mentions

" Following the giving of informal talks to Parent-Teacher Associations, increased interest seems to be taken by the parents in the services we are able to provide for their children ".

Dr. Moynihan reports " School inspections in the past year have attracted a higher percentage of parents than ever before, with a marked increase in the older age groups. This is particularly noticeable amongst the new entries to Secondary Schools, and I feel the parents are attending because they wish to be more in touch with the school and all its interests, and want to know the doctor and teachers as individuals."

" The discovery for the first time of serious physical defects in school children is now a very rare occurrence, but parents often appeal for advice on the long term outlook of illnesses and the general treatment of the sick child. It seems that the busy practitioner is giving a very good service to his ill patients, and admission to hospital is speedy in most cases where necessary. I feel that my work is now much more a question of emphasizing the need for positive good health in a whole person, than in looking at a heterogeneous collection of unhealthy tonsils and adenoids, flat feet, and curving spines."

Furthermore the link with the family doctor is becoming closer. The use of the letter-card mentioned in last year's report is proving extremely helpful. Dr. Jones comments " It is felt that a measure of unity and co-operation is developing with other branches of the medical services. The stamped form which is now regularly used in writing to private practitioners at school medical inspections has proved an unqualified success, and most practitioners are replying. Although it is appreciated that the routine school inspection is time and money consuming, it is difficult to envisage another system of regular routine checkups for school children. The volume of work appears to be too great to be incorporated in the services offered by the general practitioner." In the schools themselves, the Head Teachers and the Staff do their best to facilitate the work of the School Health Service; indeed as Dr. Ormiston says " It would seem opportune here to express some appreciation of the co-operation afforded by the vast majority of the teaching staffs, without which School Health work cannot be adequate ".

Dr. Symonds speaks of this also in a Grammar School : " As usual, the inspections have been given enthusiastic support from the school staff, and the mothers are nearly always present, even when a long journey is involved. The Headmistress herself helps here by keeping herself available for individual interviews with parents on the same afternoon as medical inspections. In fact, in a number of cases where health and education overlap, as in mental adjustment cases, a combined discussion can take place."

The additional amenities being provided in the Secondary Schools, however, are not always regarded favourably by all those who attend these schools. Dr. Moynihan draws attention to a situation in one school—" A number of written requests from parents for their sons to be excused physical education and showers have been withdrawn after the Headmaster and myself have explained that benefit to be obtained from the excellent facilities in most of our Secondary Modern Schools. More boys than girls try to avoid physical education while many of both sexes try to avoid showers on one pretext or another, sometimes supported by parental letters."

Even though the Head Teachers do what they can to help, the conditions in which some of the medical examinations are carried out are most unsatisfactory. These difficulties partly result from the agreed use of the medical rooms as staff and class rooms during this period of pressure on accommodation. This is probably a passing phase and conditions will improve as schools become less overcrowded. One Medical Officer sadly mentions two inspections—" In one school, the medical examination is conducted in a room 8 feet long and 5 feet wide, with a window at one end which has to be either fully open or quite closed, and a door at the other, leading to a draughty corridor in which the parents and

children wait ; with one Health Visitor, one doctor, one parent, and the child to be examined, and often a toddler as well, the room is quite full.

In another Secondary Modern school, the old medical room was satisfactory, but the school has been added to, so that the same medical room is now enclosed on all sides ; the windows, which previously opened to the outside, now have frosted glass, which is not sound-proof, and on the other side of the frosted glass is a large class-room, which is used for typewriting lessons ; the only daylight or ventilation comes from a skylight, which is overlooked by two corridors and a classroom, so that it has to be kept permanently covered for privacy. In Secondary schools it is very desirable to have facilities for private conversation with parents." The new School Health annexe provides the best conditions for medical inspections and in a modified form would be useful in some of the older rural schools.

It may well be, too, that the Mobile Welfare Centre about to be introduced to the County Services will be required for the inspection of pupils in some of the schools where conditions are particularly difficult.

MILK IN SCHOOLS SCHEME.

The percentage of children taking milk decreased slightly from 82·9 in 1953 to 82·84 in 1954. 380 School Departments and 20 Nursery Schools are now supplied with pasteurized milk ; one school in the north of the County has tuberculin tested milk.

Sampling.—The School Milk Sampling Scheme was continued during the year unchanged. The milk supplied by each individual dealer is tested at least twice a term and the larger suppliers of milk to schools are sampled more frequently. One school only is supplied with raw tuberculin tested milk and the source of supply is sampled both biologically and bacteriologically. All the other schools have a pasteurized supply. This grade of milk has to satisfy the phosphatase test which is indicative of the efficiency with which it has been heat-treated, together with a modified Methylene Blue reduction test for keeping quality. The following Table shows the results of samples taken.

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized . .	328*	325	3	304	10
Tuberculin tested .	6	—	—	6	—
	334	325	3	310	10

* Fourteen of these samples were not Methylene Blue tested because temperature exceeded 65° F.

Many of the schools receive pasteurized milk from dairies which are under the control of the County Council as Food and Drugs Authority and any failures can be investigated directly at the plant. In other cases, failures are reported to the Authority concerned together with a request for an investigation.

School Canteen Milk.—Canteen milk is supplied to the Schools on a contract basis. It is included in the general sampling scheme. This is not difficult as many of the suppliers of canteen milk are being regularly sampled under the milk in schools scheme and, in some instances, pasteurizing plants where the milk is heat-treated, are also licensed by the County Council. There are 343

school canteens, including nursery canteens. The number of samples taken from the school canteens is relatively low owing to the fact, as mentioned above, that many of the sources of supply are already being sampled.

The following table shows the results of canteen milk sampling during the year :—

	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurized . .	142*	140	2	133	2
Tuberculin Tested .	1	—	—	1	—
	143	140	2	134	2

* Seven of these samples were not Methylene Blue tested because temperature exceeded 65° F.

School Canteens.—District Councils are responsible for ensuring that food is prepared and stored in premises which comply with the standard laid down in Section 13 of the Food and Drugs Act, 1938. Arrangements continue whereby Sanitary Inspectors of District Councils pay occasional visits to school canteens and food preparing premises used under the School Meals Scheme. These Officers are able to proffer any advice or assistance which may be required in connection with the handling of food and the equipment of premises used for such purposes.

FOOD POISONING IN SCHOOL CANTEENS.

It is a tribute to the high standard maintained in school canteens that during the year only two investigations had to be carried out following outbreaks of suspected food poisoning at schools. In the larger outbreak, canteen meals could be excluded as a factor, while in the smaller outbreak it was suggested that the " stock-pot " contents might have been at fault but this was not definitely proved.

In two instances District Sanitary Inspectors were called in to examine prepared meat dishes and in each case the action resulted in the food being condemned and sent for examination. Organisms were found which might have led to outbreaks of food poisoning. Needless to say we welcome enlightened action of this kind on the part of the School Canteen Staff.

In January, 1954, the Ministry of Education issued a circular on the avoidance of food poisoning in school canteens. This pointed out the magnitude of the School Meals Service and the possible risks of food poisoning if certain elementary rules of hygiene and food handling were not followed.

The circular laid stress on the need for close co-operation between the Head Teacher, the Meals Organizer, the kitchen staff, and the Medical Officer of Health. All cases of illness among school canteen staff should be reported immediately to the Canteen Supervisor and she should likewise report to the Medical Officer. Diarrhoea, discharging ears or nose, sores, or skin eruptions, and feverishness should be reported immediately as should any contact with persons suffering from infectious diseases.

The need for strict personal hygiene is pointed out. All members of canteen staff must wash their hands after visiting the water-closet. Sneezing and coughing over food must be avoided and all crockery and utensils thoroughly washed and rinsed.

Meat dishes, especially those which are re-heated, processed, and made-up, such as brawn, pies, sausage meat, rissoles, and pressed beef, convey infection more frequently than any other form of food. Wherever possible food should be

eaten as soon as cooked but if it has to be kept, then it should be cooled as rapidly as possible and transferred to a refrigerator.

The points made in this circular are, of course, not new. They have been stressed in this county since the inception of the School Meals Service. The circular is quoted here in the belief that it will be useful to Head Teachers and others to have this precise, if over simplified, guidance on record in a handy form.

SWIMMING BATHS.

Regular sampling from those swimming baths used by the County Council's school children was maintained during the year. In all 316 samples were taken from the 27 baths approved for use in the County.

The following table shows the result of sampling during the year.

Type of Bath	No. of Samples	Satisfactory	Not satisfactory	% not satisfactory
Continuous flow (23 baths) .	286	269	17	5·96
Fill and empty (4 baths) . .	30	28	2	6·67
	316	297	19	6·01

From the above table it might be inferred that the bacteriological standard of fill and empty baths compares favourably with those of the more up-to-date continuous flow type. Our experience in the past has, however, been that unless a fill and empty bath is given very strict supervision indeed, the bacteriological standard of the water is often unsatisfactory. A continuous flow pool with its pressure filter and continuous chlorine injection can usually be relied upon to maintain a satisfactory standard. The fill and empty bath, however, has no filtration plant and chlorine must be added in the form of a hypochlorite. In order to maintain a reasonable standard in such a pool the water must be emptied at least once a fortnight or more often than that if the bathing load has been heavy. Frequent additions of hypochlorite must be made during the day and a large dose added in the evening to allow the pool to stand overnight with a residuum of rather more than the ·5 p.p.m. recommended. A responsible person should be detailed to take chlorine residual tests at intervals during the day and if there is any evidence of reduction in the chlorine content then more hypochlorite should be added immediately.

Owing to the poor swimming season in 1954, only two of the fill and empty baths were used regularly and as control of these baths has been greatly improved on the lines set out above, the standard maintained compared favourably with the continuous flow baths.

ORTHOPÆDIC DEFECTS.

These defects continue to form one of the bigger groups among the categories requiring observation or treatment, but there was a slight reduction in the numbers referred compared with 1953.

Dr. MacRae states: " I am happy to say that there appear to be far fewer foot defects in the younger children now entering school, and this I believe is due to the advice given to mothers at the Infant Welfare Centres regarding diet and the general care of infants and young children. I also believe that children's shoes have improved enormously during the last few years, and the firms are now putting out excellent shoes with the right width and support."

Dr. Cooper refers to useful work being done in the Primary Schools. " Among entrants, the special emphasis made at many schools on ' music and movement ' is doing good work in correcting poor posture and weak feet."

Many of the defects in young children in general correct themselves without active treatment, though as Drs. Milne and Crawley both emphasize, proper posture and occasional wedging of shoes do seem to speed up the process of correction.

Dr. Colman mentions: " The question of active treatment of orthopædic defects does not often arise—the majority of defects seen are comparatively mild, and respond to active exercises, etc., or need merely to be kept under observation. Some degree of asymmetry of the chest is relatively common, with a tendency to hold one shoulder higher than the other, and to develop a scoliosis at the Secondary School age : those showing any sign of scoliosis are usually referred through their General Practitioner to an Orthopædic Specialist. I would like to stress again, in dealing with postural and foot defects, what a great help it is in those schools where remedial exercises are available. The children improve enormously in a few months, and enjoy doing the exercises."

Reference is still made to the faulty posture of adolescents in all types of schools.

Two General Practitioners who are also Medical Officers to Grammar Schools write as follows :—

(i) " About 100 girls in any average year are taking special remedial exercises from the school gymnast, or exercises in breathing where these are indicated, as for asthma sufferers.

A surprising high number of 11-year-olds entering the school I find to have a poor drooping posture, often made worse by incorrect and nagging instructions from father, but these we leave to the routine curriculum, and in a term or two they appear normal. ' The posture indicates the state of mind,' and probably many of these little girls have been pushed hard for the entrance examination during the previous year. The staff have been very good about checking that the seats and desks fit the children for size, which I feel must make a difference to fatigue."

(ii) " Postural defects are still very prevalent, but the majority of them respond well to remedial exercises. There is no difficulty in having them dealt with. While many parents notice these things, they do not seem to be able to help in overcoming them."

Much is being done in the Secondary Schools to remedy the minor orthopædic defects and considerable success is being achieved.

There is general enthusiasm for the Remedial Exercise Classes which are now running in four Divisions. They are welcomed as a definite step towards the provision of treatment in the midst of ordinary school life. There is close liaison with the Physical Training Staff. Dr. Stevenson records " Personal contact with the Physical Training Teacher is of great help and especially in the Secondary Modern Schools, where these Teachers give special attention to any defects reported to them."

Asthma.—Dr. Walker remarks in regard to the Boreham Wood area : " In this area there are also quite a large number of asthmatic children who have been rehoused from London. It is interesting to note that considerable improvement in the number and severity of attacks has occurred in these cases, shortly after moving to the district. Parents have remarked spontaneously on this improvement at the medical examinations. There are still, however, a large number of children with chronic asthma who require regular breathing exercise classes. The classes have beeen unduly overburdened, and there has been delay and difficulty in fixing appointments owing to a shortage of staff in this department. I feel that these exercises are of great benefit both in increasing the vital capacity, and also the child's confidence in his ability to breathe properly."

Remedial Work in Schools.—The County Physical Training Organisers report :—

" Clinics have now been established at :—

Watford	27	children attend.
Oxhey	16	,, ,,
Boreham Wood . . .	22	,, ,,
Barnet	12	,, ,,
East Barnet	11	,, ,,
Welwyn Garden City . .	21	,, ,,

New Centres at Hatfield and Hemel Hempstead were opened in January, 1955.

These Clinics deal with asthmatic cases and with children who have chest and spinal deformities which affect their breathing.

The remedial specialist works in close co-operation with the doctors. Visits are made to schools and talks and demonstrations given to parents. Sixteen such talks have been given this year.

The remedial work in the Secondary Schools is carried out by the Physical Education Specialists in co-operation with the School Medical Officers. A certain amount of remedial work is done in the Primary Schools for minor deformities of feet and posture, and corrective and strengthening exercises are included in all Physical Education lessons based on the new syllabus."

Reference has been made in previous Reports to our system of Remedial Classes.

Some years ago, my attention was drawn to the high incidence of remediable orthopaedic defects found in entrants to one of the Grammar Schools in the Barnet area. A visit to the school in company with the County Organizer of Physical Education showed that there was a case for doing something more than awaiting the development of the programme of Physical Education on which the County had already embarked, and an Educational Gymnast with a special interest in remedial work was appointed to the Barnet area.

When the back of the problem at Barnet had been broken, Miss Chatterton, the present Remedial Specialist, was able to extend her work to the South-West Division and, in due course, to the Welwyn Division. Reports from the latter were particularly appreciative of the value of the work being done by the Remedial Gymnast, and Dr. Taylor (the Divisional Medical Officer) was invited to make a brief reference to the organization and work of the service in his area. Dr. Taylor reports as follows :—

" The class was established at the Community Centre, Welwyn Garden City, in September, 1953, in order to provide instruction to children and parents in a series of simple exercises which could be done at home daily in order to improve chest development. The sessions have proved to be most popular, due to the enthusiasm and personality of Miss Chatterton, and I have received encouraging reports from parents and Dr. Miller following attendance at these classes.

Children are referred by the School Medical Officers, Heads of Schools, local doctors and parents, each child having a full clinical examination by the School Medical Officer before being seen by Miss Chatterton. Twenty-nine children with asthma and eight children with miscellaneous defects, e.g. poor chest development and movement, bronchitis, mouth breathing, etc., have attended for instruction since the classes started, the age range being limited to 4–11 years, at which age children are likely to obtain the best benefit from the classes.

At the outset, the children attend each Wednesday afternoon, and all cases are referred for at least three months of full attendance, after which some attend fortnightly or monthly, depending upon the severity of the asthma attacks and the progress made in learning the exercises.

Children are referred back to the School Medical Officer at discharge from the clinic, and those continuing to attend the sessions are referred annually for the school doctor's report.

The classes themselves are conducted with the minimum of specialized equipment, and consist firstly of general toning up exercises, followed by the more specialized instruction in specific breathing exercises. Stencilled instructions on these exercises are also given to the parents, so that they can be continued each day in the home.

Ten children with asthma have been discharged, all of whom have shown considerable improvement following the course of exercises. A further class has been started at Northcotts, Hatfield, on Wednesday mornings."

EAR, NOSE, AND THROAT

Catarrhal conditions of the upper respiratory tract are the most prominent defect recorded under this heading by Medical Officers. The following comments have been made :—

Dr. Colman—" Nasal catarrh is a recurring and often intractable problem, and in many cases there appears to be no definite physical cause for it ; often the whole family suffers from it : the tendency may become apparent very early in life, and some areas seem to be worse than others."

Dr. Jones—" Once again, the usual high incidence of upper respiratory infections was encountered in December, and more children appear to have unhealthy tonsils than in the previous year."

Dr. Miller—" Otitis Media, with some degree of deafness, and associated with unhealthy mouth, throat, and nose, is still common, possibly more marked this year on account of the wet summer and autumn and the consequent increase in catarrhal conditions."

Dr. Walker—" In Boreham Wood catarrhal conditions of the upper respiratory tract seem to be very prevalent. Mothers complained that since moving to the district children suffered almost continuous colds and sinus trouble. There were many children with enlarged tonsils and cervical glands."

The waiting period for tonsils and adenoids operations varies considerably in different parts of the county. In some it would appear to be very short and in others a matter of many months. On the whole, however, urgent cases are dealt with quite quickly. Dr. Stevenson gives some details of her examination of school entrants in the autumn term :—

" It may be of interest to compare the proportions of unhealthy tonsils found during examination of the school entrants last term. In Stevenage (118 children examined) 24 per cent had enlarged unhealthy tonsils. In Hitchin (120 children examined) 8 per cent were affected, while the figures for the country schools (106 children examined) were 16 per cent. Many of these are already on the waiting list for tonsillectomy. These figures for Stevenage probably reflect a seasonal incidence as they were examined later in the year than the Hitchin children. Nevertheless, the figures are of some interest." Catarrhal conditions in this region are, of course, important from the hearing aspect, as if this sense is defective a child's ability to absorb his day to day education can be profoundly affected. It is particularly important, too, that any deficiency should be recognized and this is not always an easy diagnosis to make at a school inspection. Dr. Harwood comments—" The assessment of defective hearing continues to be difficult in most schools. Children are sometimes tested immediately after school hours in a classroom, so that the necessary distance and quiet can be obtained, but in those cases where children use the school 'bus or infrequent public transport, this is not possible. Children under 7–8 years often, of course, cannot be tested by this method, and I look forward to the future when time and apparatus permit all entrants to undergo an adequate hearing test, as they now have a satisfactory eye test."

Reference was made in last year's report to the question of an alternative and more scientific method of assessing the hearing of small children. It was not possible to go forward with this project in 1954 but it is hoped during 1955

to use the pure-tone audiometer from Tewin Water School and carry out trial testing on a limited scale. If this method of testing proves of value it will be necessary to consider the appointment of an Audiometrician to continue the work.

SKIN DISEASES.

These diseases remained at a comparatively low level of incidence. One Medical Officer, however, mentioned a severe outbreak of impetigo at one Boys' School early in the year and another an increase in eczema and impetigo cases in association with severe colds in the east of the county in November and December.

Once again most of the Medical Officers draw attention to the prevalence of acne among the girls at Secondary Modern and Grammar Schools. A General Practitioner, the Medical Officer to one of the Grammar Schools states: " I am struck by the number of cases of severe acne. On asking about treatment, almost invariably the answer is that all kinds of treatment have been tried and have been given up—it seems that there is a marked lack of perseverence on the part of all concerned in cases of acne ".

Plantar warts or verrucas are referred to in many of the reports. Dr. Allinson records: " The most troublesome lesion was again the plantar wart and as well as remaining endemic there was a small epidemic in a Girls' Secondary school just before Christmas, when 15 or so cases were found. This outbreak was regarded as being due to infection being transmitted by the slabs at the shower-baths."

Dr. Moynihan mentions: " On an inspection I made at a Primary school, the Headmaster queried the safety of ' bare foot work ' owing to the danger of verrucas. He told me parents had raised the question at a parent-teachers meeting, and he also stated that there had been some cases of verrucas under treatment, in the school. In consequence I saw all these cases, five in all, and found they had tinea pedis, dating from the swimming season, and were being treated by their family doctors, and had been stopped bare foot work in school."

" I then examined a cross section of the school, more than a hundred children, and found not one verruca."

These plantar warts can become a nuisance in schools, interfering with the physical activities and a circular, with the details of action which should be taken if many cases occur, is available in the Department for Head Teachers.

VERMIN AND UNCLEANLINESS.

Hygiene inspections continue to be held once a term in most of the schools. The Nurses have been instructed to aim at this frequency of inspection but are given discretion in regard to their visits to individual schools. The standard of cleanliness in Hertfordshire remains high but there are still a small minority of children who have to be strictly supervised throughout the year.

Dr. Harwood states: " Uncleanliness has been infrequent, and on the whole is improving: this again is mostly confined to certain known families. It is frequently difficult for the Medical Officer to bring about an improvement as, if the parent knows the school medical inspection is shortly to take place, the child or children are often ' cleaned up ' ; a day or two before the School Nurse has seen the same children in school, dirty and unkempt, and their clothing grimy and requiring repair. This is, in itself, I suppose, some improvement! Frequently the children themselves are only too conscious of the difference between their clothing and that of their schoolmates; it is therefore unfair and unkind to blame these children. Frequently, in these cases, also the parent does not attend ".

No Medical Officer was required to issue the official " Order to Cleanse " in regard to verminous infestation. Admittedly the number of inspections in the schools were somewhat less than in 1953, but the total number of individual

pupils found to be infested was only 159 in comparison with 583 the previous year. This is the lowest figure recorded in the County in the fifteen reports I have presented to the Committee.

Dr. Allinson mentions in this connection " Only on two occasions during the year has a child at Medical Inspection been found so heavily infested with nits or vermin as to warrant immediate exclusion. In each case the School Nurse has visited the home the same day and has persuaded the mother, with the loan of a steel nit comb and a D.D.T. emulsion, to clean up the head. The process has taken some days and the child has attended at the Minor Ailment Clinic for a final check-up before re-admission to school. It has not been necessary to use the official ' Orders to cleanse '."

" During a recent acute staff shortage, when it has been impossible to keep all the head inspections up to date, there were several urgent calls from Head Teachers to investigate complaints by mothers that their children were being infested with lice in school. This proves how necessary frequent routine head inspections still are, in spite of the improved housing and social conditions generally."

These hygiene inspections give the Nurse the opportunity of visiting schools and having close contact with the children and staff in addition to her routine visits with the Medical Officers. The Head Teachers are then able to discuss with her any points on health matters which may arise among the children.

VISION.

The defects of vision found at medical inspection still form the greatest number in any one category. Although " it would be idle " as Dr. Allinson states " to compare the accuracy of results of Vision Tests in school with those carried out in an Eye Clinic, where a fixed measured distance and a trans-illuminated Snellen's Test Type are available", in the great majority of cases the children referred have probably a defect worthy of being seen by the Ophthalmic Officers. However, vision testing in some schools at the present time is frequently not satisfactory. Difficulty is met with in obtaining the 6 metre distance required for the test in a place in the school which has sufficient light to show up the letters on the test cards. Even in the new schools the medical rooms are not all large enough for this purpose and mirrors and additional lighting may have to be introduced in some of the rooms to enable the test to be carried out more adequately and in a smaller space.

Several of the Medical Officers mention the retesting and checking of vision required at present in many instances to avoid the unnecessary attendance of children at the Eye Clinics. In the last report reference was made to the number of children whose vision deteriorated, in some cases quite markedly, between the ordinary routine examinations and to the probable need to have the vision of Secondary School children examined more often. This point has again been brought out by several Medical Officers. Dr. Crawley stating " The commonest age for the commencement of visual failure was 12, and it was surprising in how many a marked degree of myopia existed without any symptoms of eye strain. Indeed, in only 6 per cent was there headache and 3 per cent blepharitis present, and only 7 per cent were brought up by their Teachers or parents for specific eye examination."

There is little delay between the reference of a child from the school inspection to the Eye Clinic and its examination there. The supply of spectacles, when they are prescribed, follows too within a few weeks. The intimation to the Head Teachers of those who should be wearing glasses has helped to offset the reluctance of some children to wear them at school. One must mention again that without the active co-operation of the parents it is difficult to persuade some of the children to bring their glasses to school.

The Hospital Boards covering the County still provide the Ophthalmic Officers for the Eye Clinics and the service maintained the high level of previous

years. Additional time has been provided at Stevenage to meet the requirements of the New Town. The Hospital Eye Service are responsible throughout the County for the supply of spectacles and 4,124 were provided in 1954. The children obtain their spectacles from the Opticians on the Executive Council's list.

A number of children with defective vision are taken by their parents to Opticians under the Supplementary Ophthalmic Service and do not attend at Ophthalmic Clinics. Others are taken to both Opticians and Clinics at different times. Often information is not given of previous treatment obtained and difficulties can as a result arise.

The following table shows the work done in the School Ophthalmic Clinics during 1954 :—

School Ophthalmic Clinics.

Centres	No. of Sessions	No. of Defects dealt with		No. of pupils for whom spectacles were prescribed	Attendances
		Errors of Refraction, including Squint	Other Defects		
North Herts.					
Hitchin	46	444	—	220	497
Stevenage	22	250	1	81	243
	68	694	1	301	740
East Herts.					
Hertford	83	775	—	320	1,130
Bishop's Stortford	39	215	2	116	394
Buntingford	7	3	—	33	77
Waltham Cross	47	569	4	353	949
	176	1,562	6	822	2,550
Mid Herts.					
Hatfield	35	251	—	120	409
Welwyn Garden City	37	315	—	120	537
	72	566	—	240	946
St. Albans.					
St. Albans	115	920	6	490	1,123
Harpenden	29	248	4	89	290
Boreham Wood	47	292	1	211	573
	191	1,460	11	790	1,986
South Herts.					
East Barnet	58	477	1	296	664
Barnet	36	369	4	244	414
	94	846	5	540	1,078
South-West Herts.					
Watford	261	1,621	61	643	2,034
Rickmansworth	20	220	5	72	237
	281	1,841	66	715	2,271
Dacorum.					
Berkhamsted	17	180	—	50	237
Hemel Hempstead	46	487	—	200	658
	63	667	—	250	895
Grand totals for the whole County	945	7,636	89	3,658	10,466

ORTHOPTIC CLINICS.

The appointment, referred to in the section on " staff " earlier in the report, of an additional part-time Orthoptist in May enabled some reorganization of the service to be carried out and the provision of Clinics in Welwyn Garden City and Hitchin.

The number of sessions held during the year increased by 153 and the attendance by 377.

The East Herts Hospital Management Committee have a Clinic in Bishop's Stortford at which children attend from both Hertfordshire and Essex and with this one in addition to the ten maintained by the Education Committee the County is fairly well served. The growth of Stevenage may require a separate clinic there within the next few years but the numbers referred at present are comparatively small. There was an interesting development in Barnet where the Ophthalmic Surgeon suggested that the Orthoptist might visit the hospital on one session a week to deal with the children attending him there. This was done during the year and proved very helpful. Unfortunately this session had to be stopped in December because of the resignation of a whole-time Orthoptist. The position in the various areas will be seen from the reports submitted by the individual Orthoptists.

Mrs. Sweeny refers to the importance of getting children treated before they reach school age. The policy of the Department is to find and treat defects as early in life as possible but parents are not always receptive to advice.

Mrs. Sweeney.

" The majority of cases seen are those of strabismus in children between the ages of 5–10 years. Over 10 years an established strabismus is less likely to respond to orthoptic treatment and those children in this age group (10–15 years) are the heterophores for whom orthoptic exercises give relief of headache and other symptoms of ocular strain.

It would be a great advantage to all concerned if more children under the age of 5 years were referred to the clinic. If children were seen at 2–2½ years when strabismus was first suspected, the development of amblyopia could be prevented and the restoration of single binocular vision achieved before the child commenced school. All too often the strabismus is neglected until re-discovered at the first school medical examination ; by which time amblyopia or abnormal retinal correspondence are fully established and orthoptic treatment is either prolonged or useless without operation.

On the whole, co-operation from parents is good, despite an increasing difficulty in regular weekly attendance, as more and more mothers go out to work.

Ware.—A long waiting list and a large number of cases under observation were eliminated during the early part of the year. This was achieved by increasing the number of sessions to four a week ; by cutting the regular treatments to once weekly instead of twice ; and by decreasing the length of treatment from thirty minutes to twenty minutes. A larger number of children passed through the clinic and the resultant intensive treatment brought good orthoptic results. Inevitably the waiting list for operation was increased, and the children now wait approximately six months for admission. It was possible towards the end of the year to cut the sessions to two a week, enabling more time to be spent in the Hitchin and Welwyn Garden City clinics.

Welwyn Garden City.—This is a newly-opened clinic which is proving to be an essential service to a young and growing community. Cases previously attending in Hatfield were transferred, and the clinic opened with approximately 40 patients. Many more were referred for treatment and work has increased sufficiently to warrant a second session.

Hitchin.—This clinic was reopened early in the year after a lapse of several years. There were, therefore, a large number of children referred for whom little could be done. These were the neglected amblyopes and those who had

had operation without prior orthoptic treatment and who lacked binocular vision. The clinic serves a large area and the number of cases referred for orthoptic exercises has shown a steady increase. A second session was required before the end of the year.

Barnet.—This is an established clinic and always has a steady flow of patients. Despite an influx of children from the new estate at Boreham Wood it has been possible to keep a low waiting list."

Mrs. Coate (née Bickerton).

" *Hemel Hempstead.*—Here work has continued satisfactorily during 1954. Owing to the further expansion of the New Town at Adeyfield, intake of cases has been high and several cases have been transferred from London hospitals. Attendances have been good on the whole, and the home co-operation encouraging—the newcomers are undoubtedly more ' clinic-minded ' than the more scattered and occasionally sceptical local populace.

Hatfield.—The opening of the new orthoptic clinic at Welwyn Garden City reduced the work at this clinic and more time could be devoted to each case and more adequate contact with the Surgeon.

St. Albans.—During the middle of the year there was a decrease in the number of cases referred. Towards the end of the year, however, the numbers increased considerably. There was an improvement in the liaison between hospital and clinic in cases where an operation has been performed. Cases were returning to the clinic with requests for reports and treatment. It is to be hoped that this encouraging improvement will continue."

Miss Davie.

" *Watford.*—As in the past three or four years, 1954 has shown a steady flow of new cases, the greater number of which appear to be under school age—a greater number of children have had their appearance rendered normal before the start of school. The advantage from a psychological point of view can be readily recognized ; the advantage of early occlusion (the covering of the sound eye to improve the reduced vision in the squinting eye), straightening by operation if necessary, and the early re-education in binocular vision should help the child's learning ability at the commencement of school.

The treatment of these younger children, and the assessment of their visual acuity with each eye, requires greater patience and an entirely different technique from the older children.

There are again this year a large number of cases shown as ' Under observation ' ; this is due to the necessity to check children from time to time even when listed as ' discharged '. It is essential to determine whether the visual acuity, appearance and state of binocular vision remain as good as when the child was listed as ' discharged '.

The waiting list has been kept abreast with and most children have received their treatment within a month of being referred to me by our Ophthalmic Surgeons."

Miss Jones.

" *Waltham Cross.*—The amount of work at Waltham Cross decreased a little during the year 1954, and in November the number of sessions held at the Centre was reduced from four to three per week.

Surgical treatment is performed at Hertford County Hospital and the time on the waiting list for admission varies from four to six months.

East Barnet.—At this clinic, attendances are sometimes affected by the weather, parents disliking the long walk up Church Hill Road and deploring the lack of public transport.

Surgery on cases from Church Farm is performed at either the Royal Westminster Ophthalmic Hospital or Barnet General Hospital depending on the preference of the child's parents.

Orthoptic Clinics

Centre	Sessions	Individual Children on Treatment during 1954		Individual children kept under observation during 1954	Total Attendances made	Number Discharged		Preliminary Examinations		Waiting list of new cases for regular treatment as at 31st December, 1954	Number of cases awaiting preliminary examination at 31st December, 1954
		New Cases	Old Cases			Cured	Discontinued after treatment	No. of individual children found : Unsuitable by Orthoptist	No. of individual children found : Accepted and placed on waiting list		
Watford . .	462	66	137	449	3,018	92	37	18	73	8	12
St. Albans . .	182	25	17	123	910	24	8	17	35	6	7
Hatfield . .	87	19	15	46	496	13	9	6	36	5	4
Hemel Hempstead .	137	39	28	136	858	17	9	12	52	4	—
East Barnet . .	86	10	11	50	362	9	11	8	27	—	—
Barnet . .	177	37	47	75	1,004	57	31	21	111	13	8
Waltham Cross .	147	15	12	76	420	3	7	8	54	—	—
Ware . .	147	20	41	65	766	45	13	10	78	—	—
Hitchin . .	29	18	—	23	167	2	2	—	41	12	1
Welwyn Garden City	33	15	—	40	193	9	19	17	44	12	—
Totals . .	1,487	264	308	1,083	8,194	271	146	117	551	60	32

The cases at both clinics are mainly children of pre-school or junior school age, that is, under the age of eleven years.

There is no waiting list for orthoptic treatment or investigation of new cases at either clinic.

In some cases, I do not feel that the same effort is made to keep an appointment at a school clinic as at a hospital. On the whole though, attendance is satisfactory and the co-operation of the parents has been of much assistance in ensuring that necessary occlusion and homework exercises have been carried out effectively."

The table on page 20 gives details of the number of children attending the Orthoptic Clinics during 1954.

SPEECH THERAPY.

The present scheme provides a very comprehensive service for the County.

Two part-time Officers giving six sessions a week resigned during the year and one whole-time Therapist was appointed in their place. The additional sessions available by this whole-time appointment enabled more time to be given to Hertford and a new clinic to be opened at Adeyfield, Hemel Hempstead. A second clinic was also started at the new Health Annexe at Saffron Green, Boreham Wood, to serve Area I of the L.C.C. Estate.

The number of sessions held during 1954 in the County increased by 94 and there were over 1,000 more attendances for treatment or supervision during the twelve months; 393 completed their treatment and were discharged, 165 more than the previous year. The waiting list at the end of December was 87.

Many of the Clinics in the south and south-west of the County have students from the London Speech Training Schools in attendance at them. These students help in the treatment of the children.

The following is a report on the year's working of the Clinics by the Senior Speech Therapist, Mr. Willmore :—

> " Regular weekly clinics were held in all parts of the county where school population is most concentrated. Provision is made as far as possible for children in country areas although this sometimes necessitates children going some distance to clinics. A redistribution of sessions was made to provide for children in the newly developed areas of Hemel Hempstead and Boreham Wood.
>
> The majority of new cases were young children with abnormal development of speech between the ages of 5 and 7 years. Cleft palate, spastic, and a few cases of voice disorder were also seen.
>
> Parents of younger children—some of pre-school age—were referred for advice in the handling of delayed speech development. This is an important aspect of speech therapy, because many cases are prolonged and worsened by ignorant and mistaken handling in their homes.
>
> In some clinics as many as a third of the children on the books are under ' observation ' only, and do not attend for regular treatment. This applies particularly to stammerers, many of whom need to be guided and supported for long periods, but do not need to attend clinics every week."

Mr. Willmore has drawn up for the guidance of parents and teachers a leaflet on stammering in childhood. I am indebted to him for permission to include a copy of it in this year's Report.

Notes on Stammering in Childhood, for the guidance of parents and teachers, by Leonard Willmore, Speech Therapist, Guy's Hospital and Hertfordshire County Health Department.

Stammering is a complex condition. If there is a constitutional predisposition, the condition may be brought on by shock or by accident. Many children,

however, pass through a phase of hesitant or repetitive speech, especially if they are of an excitable or nervous disposition. They are often unaware of their faulty speech, and harm may result from checking or correcting them. Impatient or anxious handling may cause persistent stammering.

Stammering often affects the whole personality. It should not be regarded as a mere speech defect. Active treatment, therefore, is better left to a qualified speech therapist, who will need the co-operation of parents and teachers.

Treatment.

General Health.—If there is no physical defect, treat the child normally without coddling or fuss. Extra rest, however, is needed and bed-times should be regular. Avoid fatigue and undue excitement.

Home Environment.—An easy, pleasant atmosphere is ideal. Family conflicts which excite and heighten emotions are harmful. The stammering child needs a home background of calm and quiet activity and should not be pressed or overstimulated.

The Parents.—Parents should adopt an unemotional attitude towards the child's speech, especially when the symptoms are acute. It is often difficult to do this, but any sign of distress, annoyance, or impatience will increase the child's awareness of the abnormality and may bring on more serious symptoms. The child should feel that home is a place where it does not matter whether he stammers or not. This does not, of course, mean that the stammer is to be encouraged, but a calm attitude will help the efforts which the speech therapist is making to carry out remedial work. The main aim is to prevent speech-consciousness and conflict arising in the child's mind. Do not refer directly to speech. Misguided attempts to assist or to correct do more harm than good.

Kinds of mistaken handling frequently met with are : attempts to alter the child's method of speaking (" Think before you speak ", " Take a deep breath before you speak ", " Don't be silly, speak properly ", etc.) ; instructions in voice and breath " control " ; articulation drills, etc. ; punishing or penalizing the child, interrupting and checking when stammering occurs (" Now stop, and say that again slowly "—which in fact, the child can often do) ; attempts to anticipate what the child is trying to say. These, and similar practices should be avoided. If a child stammers only when excited, or in particular situations, careful planning and management of the environment is necessary.

The School.—The teacher cannot actively treat stammerers in class, but much can be done by the indirect influence which the teacher exerts on a child's state of mind. One should avoid :

(*a*) Tasks or situations which exaggerate the symptoms or cause obvious anxiety to the child.

(*b*) Direct scrutiny or questioning of the child before others. The child should not, however, be excused from routine speech activities of the class unless this is requested by the speech therapist. His manner of speech should be accepted without comment or criticism. " Helping out " is invariably harmful in the long run.

(*c*) Making a stammering child inferior or different.

(*d*) Anxiety or confusion over learning to read, where this proves difficult in an otherwise intelligent child.

Teachers may, in general, be guided by the advice given to parents overleaf.

Almost all stammerers can sing normally ; speak in chorus with others ; speak by rote, or in an " assumed " voice, or in situations where the act of communication is not involved. These facts must not be taken to indicate that " if he *tried* " the child could speak normally at all times.

A child who shows a clear preference to use the left hand for writing must be allowed to do so.

In many instances the school situation becomes the main source of communicative pressure from which the neurosis develops. The problem is sometimes very complex and may involve much patience and sympathetic understanding over a long period of time.

Speech Therapy Clinics.

Clinics	Sessions	Attendances	On books at 1st January, 1955		Waiting List of new cases on 1st January, 1955
			Under treatment	Under observation	
North Herts.					
Stevenage	85	387	21	7	—
Hitchin	82	382	15	6	—
Letchworth	84	418	14	7	—
St. Albans.					
St. Albans	275	1,837	72	8	8
Harpenden	65	441	8	4	6
Boreham Wood	116	569	19	8	2
Saffron Green	32	154	8	5	2
Dacorum.					
Hemel Hempstead	56	328	14	6	3
Berkhamsted	44	270	7	1	2
Adeyfield	60	252	8	2	4
Mid Herts.					
Welwyn Garden City	84	521	25	10	—
Hatfield	44	317	15	6	—
South-West Herts.					
65 Queen's Road, Watford	170	999	30	22	4
Harebreaks, Watford	42	238	10	2	6
Oxhey	90	700	20	6	17
Rickmansworth	40	237	10	1	1
South Herts.					
High Barnet	188	1,172	34	24	16
East Barnet	141	711	22	16	6
East Herts.					
Waltham Cross	87	360	12	7	—
Hoddesdon	44	108	2	5	1
Rye Park	41	203	10	1	—
Broxbournebury School	36	193	9	2	—
Ware	44	154	8	2	—
Bishop's Stortford	94	344	12	4	1
Hertford	138	595	18	10	6
Buntingford	44	140	4	2	2
	2,226	12,030	427	174	87

TUBERCULOSIS.

The number of children referred from school medical inspections through their Family Doctors to the Chest Clinics because of the possibility of a tuberculous infection continues to be small. Most children notified as suffering from this disease are found at the Chest Clinics as contacts of adult cases or on account of their poor general health.

During 1954, 34 children of school age were notified as suffering from pulmonary tuberculosis and 12 from non-pulmonary tuberculosis compared with 29 and 12 respectively in 1953.

In addition 25 children (17 with pulmonary tuberculosis and 8 with non-pulmonary tuberculosis) were notified as having transferred to the County during the year.

A few children were found to require treatment as a result of surveys in schools where there had been a case among the pupils or teaching staff and a number of others are being kept under observation with periodic X-ray examinations.

The skin testing of entrants to Infant Schools was not started during 1954 as some doubt has been expressed in regard to the reliability of the test suggested. However, it is expected that in conjunction with the Chest Physicians, testing will commence early in 1955 using different methods in different Divisions. The value of skin testing of this age group is as an indicator of infection in their adult contacts. This question of the most suitable satisfactory skin test also held up the start of the scheme to give B.C.G. vaccination to 13-year-old school children but this also should begin during the coming year.

For a number of years school leavers have frequently been X-rayed as a group when a Mass Miniature Radiography Unit has visited the various towns in Hertfordshire. A recent report of a Sub-Committee of the Medical Research Council dealing with Mass Miniature Radiography shows that the low incidence of tuberculosis found by examining this group rendered this procedure rather unprofitable unless there was known to be a high incidence of tuberculosis in the area. This Sub-Committee considered that it was more important to X-ray school teachers and other persons employed in schools on entry and periodically rather than the pupils.

ADDITIONAL MEDICAL EXAMINATIONS.

(1) Entrants to Teachers' Training Colleges.

The Local Education Authorities are required to arrange for the medical examination of (i) Training College candidates resident in their areas and (ii) persons entering the Authority's employment as teachers who had not taken a course under the Training of Teachers Regulations.

During 1954 the School Medical Officers examined 289 Training College candidates and 54 teachers in category (ii). An X-ray of each candidate is now compulsory. The students at the finish of their training are also medically examined by the General Practitioner attending the Training College and again X-rayed.

(2) Employment of Children—Byelaws.

Children in employment out of school hours come within the scope of these Byelaws and are medically examined before starting work.

In 1954, 1,241 pupils were examined of whom fifteen were found to be unfit to undertake the employment proposed.

TREATMENT OF CHILDREN ATTENDING INDEPENDENT SCHOOLS.

Education Act, 1944—Section 78 (2).

As speech therapy and orthoptic treatment is not otherwise easily available in the County, the Education Committee have agreed to accept children from independent schools at their speech therapy and orthoptic clinics, subject to satisfactory financial arrangements with the individual independent schools.

During 1954, 24 children made 307 attendances at the speech therapy clinics and 11 children made 105 attendances at the orthoptic clinics under arrangements agreed with the Proprietors of 24 independent schools.

HANDICAPPED CHILDREN.

An account of the care and attention required for these children must be an important part of a School Health Report. Their numbers are small in comparison with the total school population but the expenditure in time and money to ensure education, proper to their capabilities and aptitudes, in the same way as for their more fortunate companions is out of all proportion to their numbers. It is, therefore, pleasing to record that in spite of the very considerable demands being made upon this County by a rapidly increasing school population, the handicapped child is being catered for surprisingly adequately. The difficulties which still arise are in connection with the children who are severely afflicted or have multiple handicaps and with the large number of educationally sub-normal children.

A large National Organization had found a diminishing demand for one of their establishments maintained for children with a particular handicap. The Governors convened a meeting to consider future policy. The Senior Medical Officer for the North West Metropolitan Regional Hospital Board and I were invited to attend to advise the Governors on possible alternatives. Those present were obviously impressed by my plea on behalf of the unfortunate children who, because of their multiple or peculiar handicaps were unacceptable to any of the existing Special Schools. If this idea is followed up and a unit for the "unplaceables" is founded it will be most helpful to those who, at the moment, live entirely apart from their fellows even though Home Tuition Teachers may be providing them with some education.

The Day School for the educationally sub-normal in Watford due to open in 1956 should ease the problems of that group. The lessening of the overcrowding in the Primary Schools during the next few years will also probably enable the "dull and backwards" and the higher levels of the educationally sub-normal to be given suitable instruction in their own local schools and prevent the need to take up valuable places in Special Schools. As Dr. Harwood states "the advantage, which cannot be assessed in financial terms, of keeping the child at school near his own home, and with his friends, is one worthy of every consideration." Details are given later in this Report on the general position in regard to the various categories of handicapped children. Some of the Medical Officers' accounts of what is being done in the ordinary schools to help these children are worthy of mention.

Dr. Allinson: "The largest group of physically handicapped children is that of the post-polio paralytics. Most schools nowadays have one or two children showing residual paralysis, ranging greatly in extent from mild atrophy of a small group of muscles to almost complete paralysis of one or more limbs.

Although they require transport to school, and in one or two cases, have to be carried upstairs in school, they take an active part mentally in the life of the school. Their parents who regard an ordinary school as the best place for the child, would refuse residential special school if offered to them and are very grateful for the special consideration and patience shown to them by teachers and fellow-pupils alike.

One Headmistress who has expressed the belief that in fact it is good for the normal children to have to accept and learn to help their more unfortunate colleagues has coped successfully for some years with a completely crippled girl who is unable to leave an invalid chair unaided.

There is no doubt that the attitude of all concerned towards physical handicap has changed a great deal in recent years and, provided that a child's special senses are more or less intact, most schools are willing to try to cater for a fairly severe degree of physical abnormality. The provision of transport by the Education Authority has made school attendance possible in many more cases than formerly and the extent to which this is required is a good indication of the number of severely handicapped children attending ordinary schools."

Dr. Miller: "Most handicaps affecting pupils attending the ordinary schools at present are of such a nature that the children are able to make quite satisfactory progress. The Head and Class Teachers, being informed of the nature of the handicap, are in all cases co-operative, the other children being proud to lend a hand, if or when necessary."

Dr. Gillespie raises the question of what teaching staffs should be asked to undertake. "The most delicate problem I have encountered has been that of the child with cerebral palsy. If he is reasonably intelligent, it seems most desirable that the child should attend the normal local school, but it is debatable how much extra responsibility the staff should be asked to shoulder."

Special Schools.—Dr. Roberts, Deputy Medical Superintendent of Hill End Hospital, who had for several years examined the children before they left the Special Schools at Kingsmead and Broxbournebury, retired in December, 1952.

Dr. Taylor, Divisional Medical Officer for the Mid Herts Division, who was very interested in this work and who was an Approved Officer for the ascertainment of educationally sub-normal children under the Ministry of Education regulations, kindly undertook to carry out these examinations and to advise on the future actions considered necessary for these pupils. He has submitted the following report for the year 1954 :—

"*Special School Leaver—Interviews.*

Kingsmead and Broxbournebury.—Of the 42 children interviewed at Kingsmead and Broxbournebury during the year, 38 were considered to be able to obtain suitable employment on leaving school, 3 were recommended for further institutional training, while one boy was advised to remain at school for a further year.

Eight children were considered to need voluntary supervision for varying periods after leaving school until settled in employment and at home, while it was recommended that 10 children should be placed under statutory supervision.

In coming to a decision on the recommendations to make regarding the future of these children and the need for further supervision, no hard and fast rules can be followed based on levels of intelligence. The home background, intelligence and special skills, social and emotional traits, general maturity in outlook, and the presence of physical handicaps are carefully assessed in conjunction with the opinion of the head of the school."

The following tables are taken from the Annual Return to the Ministry of Education at the end of the year.

Sections A and B show the numbers of handicapped pupils newly placed and newly ascertained during 1954. Sections C and D in the tables show the numbers attending Special Schools, boarded in Homes or Hostels or receiving individual teaching. The numbers awaiting places in Special Schools at the end of the year is shown in Section E.

S.S.5 MINISTRY OF EDUCATION Form 21 M

Year 1954

Handicapped Pupils requiring Education at Special Schools (other than Hospital Schools) or Boarding in Boarding Homes.

Local Education Authority—Hertfordshire.

Notes.

(1) In Section A changes of Special School and short breaks may be ignored.

(2) In Section C (iii) should be included all children being boarded under Regulations 17–24 of the School Health Service and Handicapped Pupils Regulations, 1953, other than those already shown under Section C (i) or C (ii).

(3) Section E should include pupils awaiting places in a Special School or Boarding Home, whether or not parental consent has been given, but who for

the time being are attending ordinary schools or receiving home tuition under Section 56 of the Education Act, 1944.

(4) In all Sections children not belonging to the area of any Authority should be included by the Authority which secures or seeks a place for the child.

(5) Children suffering from more than one handicap should be classified under the major handicap.

(6) Children in or awaiting places in Special Classes in ordinary schools should *not* be included in this return.

(7) *Hospital Special Schools.*—This return should *not* include children at Hospital Special Schools.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)–(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec., 1954 :—										
A. Handicapped Pupils *newly placed* in Special Schools or Boarding Homes (see Note 1) . .	1	4	6	9	40	14	57	29	3	163
B. Handicapped Pupils *newly ascertained* as requiring education at Special Schools or boarding in Homes	3	8	2	12	40	15	70	28	2	180

Note.—Where appropriate, pupils should be included under both A and B.

Number of children reported during the year—

(*a*) under Section 57 (3) (excluding any returned under (*b*)) 63
(*b*) under Section 57 (3) relying on Section 57 (4) . . . . . —
(*c*) under Section 57 (5) 13

of the Education Act, 1944.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)–(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about 1st December, 1954 :—										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as										
(*a*) Day Pupils . .	—	1	1	5	—	7	18	—	—	32
(*b*) Boarding Pupils .	10	25	40	29	40	24	205	40	15	428
(ii) attending independent schools under arrangement made by the Authority . . .	—	1	17	5	5	15	8	52	—	103
(iii) boarded in Homes and not already included under (i) or (ii) (see Note (2)) .	—	—	—	—	—	—	—	7	—	7
Total C	10	27	58	39	45	46	231	99	15	570
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals . . .	—	—	—	—	2	4	—	—	—	6
(ii) in other groups (e.g. units for spastics) . .	—	—	—	3	—	—	—	—	—	3
(iii) at home . . .	—	—	—	1	4	29	5	2	2	43
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School) :—										
(i) Day	—	2	—	—	—	2	20	—	—	24
(ii) Boarding . . .	9	6	—	8	2	20	94	8	1	148

In addition to pupils requiring education in Special Schools or by home tuition, there are a number able to manage in ordinary schools and reference has been made to these children in the following notes on each category of handicapped pupil. The number of pupils in Special Schools and the number on waiting lists at the end of the year are shown.

Blind.—Ten pupils attending Special Schools, nine pupils awaiting admission to Special Schools.

Vacancies have been offered for four of these nine children in Special Schools for the Spring Term, 1955.

Of the remaining five cases, three have been accepted as suitable for Sunshine Homes by the Royal National Institute for the Blind ; one child aged six years who developed blindness recently has been accepted on the waiting list for admission to the Wilderness, Seal, but a vacancy is not likely to occur until the Autumn term, 1955 ; the fifth case is an infant aged three years whose parents wish to defer admission to a Sunshine Home until she is a little older.

Blind children are ascertained as early as possible and referred to the Royal National Institute for the Blind so that the case may be considered for admission to a Sunshine Home and the parents advised on the upbringing of a blind infant whilst the child remains at home. Unless there are special difficulties, endeavours are made to persuade and to help the parents to keep the children at home until they reach compulsory school age.

In addition to the Sunshine Homes which cater for blind infants aged up to seven years, the Royal National Institute also has a Blind Assessment Unit at Condover Hall, Shropshire, where children may be admitted for observation. During the year, one child from Hertfordshire was admitted to this Unit.

Partially Sighted.—Twenty-seven pupils attending Special Schools, eight pupils awaiting admission to Special Schools.

The waiting period for boarding schools for the partially sighted varies up to two years. Wherever possible arrangements are made for these children to attend Day Special Schools. Two children from the South West Herts area were being considered at the end of the year by the London County Council for attendance at their Day Schools.

An infant aged four has been provisionally added to the waiting list for a boarding special school when of compulsory school age.

Another child is at present managing satisfactorily in a Primary School but he may not be suitable for transfer to a Secondary Modern School in three years' time.

The remaining children will continue to attend Schools in the County whilst awaiting admission to Special Schools.

Deaf.—Fifty-eight pupils attending Special Schools, no waiting list.

There is no waiting list in this category. Children of compulsory school age are usually found vacancies without delay. Deaf children under five years can usually be placed at a small independent school at Woodford Green either as full-time boarders or as weekly boarders returning to the care of their parents at week-ends.

Partially Deaf.—Thirty-nine pupils attending Special Schools, eight pupils awaiting admission to Special Schools.

The present waiting time for Hertfordshire children for Tewin Water Special School is approximately six months and six of the children will be admitted as boarders during 1955.

One other child has been offered a vacancy but the parents will only agree to her attendance daily which so far it has not been possible to arrange. Meanwhile she has been receiving home tuition.

The remaining child is too young for Tewin Water but is under consideration for admission to the Nursery School at Woodford Green.

Three children attend daily at the house of a qualified teacher of the deaf and the Local Education Authority is financially responsible under its home tuition arrangements.

Delicate.—Forty-five pupils attending Special Schools, two pupils awaiting admission to Special Schools.

The majority of delicate pupils are recommended for periods of special educational treatment at Residential Open Air Schools and can usually be

placed with only a few weeks' delay. Most of these cases remain away for three to six months.

During 1954, forty children were recommended for admission to Residential Open Air Schools and all had been placed, except one for whom a vacancy was offered early in January, 1955, and one child whose condition changed necessitating further medical treatment and whose admission to an Open Air School had to be deferred.

Delicate children recommended for less than three months' convalescence are sent to recuperative Holiday Homes where education is not provided and these latter cases do not appear in the table of handicapped pupils.

Delicate pupils requiring more long term placement have been admitted during the year to independent special schools.

At the end of the year four delicate pupils were also receiving home tuition and two, who were Hospital patients, were being taught by a teacher provided by the Local Education Authority.

Physically Handicapped.—Forty-six pupils attending Special Schools, twenty-two pupils awaiting admission to Special Schools.

Vacancies in Special Schools have been offered in January, 1955, for five of the children at present on the waiting list.

One boy is a mild spastic who had managed satisfactorily in the Primary school but is now finding difficulty in a Secondary Modern and it is hoped to arrange his attendance daily at a London County Council Special School.

There are six children under five years whose names are on the waiting list for admission to Special Schools though it is unlikely that all will be admitted when they become of school age.

A further eight children on the waiting list are of school age and whilst awaiting vacancies in Special Schools are receiving home tuition. Another child, at present overseas with his parents on Government Service and receiving teaching there has been accepted on their waiting list by a Special School.

The remaining child is a helpless spastic just over five years of age who has been rejected as unsuitable at present by all the Special Schools.

In addition to the eight pupils receiving home tuition whilst awaiting places in Special Schools a further twenty-one, considered unsuitable for attendance at any school, were being taught at home at the end of the year.

As far as possible, when recommended, teaching is provided for children of school age in Hospitals and at the end of the year four children were receiving tuition there.

Children in Orthopædic Hospital Special Schools are not included in the Ministry table but at the end of the year there were twelve Hertfordshire children of school age in these Hospital Schools. The Local Education Authority is responsible for the cost of their education.

A number of physically handicapped children are able to attend ordinary schools. Of the seventy-seven children who have a modified school curriculum forty-five required to be conveyed to school.

Educationally Sub-normal.—231 pupils attending Special Schools, 114 awaiting admission to Special Schools.

The County Education Officer reports—

> "*Educationally Sub-normal.*—The present waiting period for some children, particularly the junior boys, is still far too long and may be as much as two years. So far as girls and senior boys are concerned, the position is easier. Of the 114 children shown as awaiting admission to Special Schools, eleven have, since the compilation of the list, either been offered places or reached the school leaving age. The parents of 30 have refused to accept places at Kingsmead and Broxbournebury. When the new day school at Watford is opened, the waiting period should be greatly reduced and a number of parents in the South West Herts and St. Albans Divisions, who refuse to let their children leave home will, in all probability, consent to their admission to a day school."

Five educationally sub-normal children, all with severe emotional disturbance, were receiving home tuition at the end of the year.

Maladjusted.—Ninety-nine attending Special Schools and Hostels, eight awaiting admission to Special Schools.

The County Education Officer reports :—

> "*Maladjusted.*—The difficulty in dealing with maladjusted children is with individuals rather than with long waiting lists. Generally speaking young maladjusted boys and girls can be placed in suitable schools quite easily and the older boys, who have been very difficult to provide for, will soon be admitted to Boxmoor. The really difficult child whom no school wants to accept, will always be a problem and sometimes there is no alternative to using a private school which may not be altogether satisfactory."

Two severely maladjusted children were receiving home tuition at the end of the year whilst awaiting admission to the Maudsley Hospital. The Medical Director of the Hertfordshire Child Guidance Clinic has submitted a report on the work of the Clinic during the year (see pages 31–33) which includes details of the number of cases dealt with under Child Guidance arrangements.

Epileptic.—Fifteen pupils attending Special Schools, one pupil awaiting admission to Special School.

There is little delay in arranging the admission of epileptics to Special Schools. The one case on the waiting list was recommended just prior to the end of the year. He had previously been recommended home tuition and was still receiving this at the end of the year.

Another epileptic receiving home tuition is not, at present, considered suitable for admission to a Special School.

Speech Defects.—There were two Hertfordshire children at the Moorhouse Special School for Children with speech defects.

Full details of the work done in the Authority's Speech Clinics will be found on pages 21 to 23.

Recuperative Holiday Homes.

Children requiring periods of convalescence for less than three months are sent to recuperative holiday homes.

The following table shows the conditions for which children were recommended short periods away from home during 1954 :—

Debility and malnutrition . . .	69
Chest conditions	14
Following upon infectious diseases . .	9
Ear, nose, and throat conditions . .	7
Other conditions	13
	112

Included in the thirteen other conditions were eight severely physically handicapped children who went to special short stay homes that cater for this type of child to provide both a recuperative holiday for the children and a short respite for the parents from the strain of caring for the children, who at that time had not been found places in suitable Special Schools.

104 children were placed in Holiday Homes during the year of whom nine were still away on the 31st December.

103 children were discharged home during 1954, of whom eight children had been away at the beginning of the year.

On the 31st December, 1954, one child was awaiting admission to a Holiday Home. In nine cases where children were recommended a short period of convalescence the parents refused their agreement.

The admission of Hertfordshire school children to these Homes was arranged, as in previous years, through the Invalid Children's Aid Association. The Association deals with applications from a number of Local Education Authorities and, for a small administration fee, places children in Homes suitable for their defect and provides escorts from the London Railway Termini. The arrangement worked smoothly during the year and a number of letters of appreciation were received from parents of children whose health improved following a period in these Homes and who were thus enabled to resume full-time attendance at their ordinary schools.

CHILD GUIDANCE SERVICE.

The Education Committee continued to pay for the two Psychologists and for part of the salaries of the Psychiatric Social Workers and Clerks. The Psychiatrists' services were provided free by the North West Metropolitan Regional Hospital Board.

The demands upon this service continued to increase. The average waiting period before children can be seen after reference from the schools is still, unfortunately, four to six months and there can be little doubt but that some expansion in the service will be required to meet the growing needs of the County.

Dr. Lucas in her report, which follows, indicates the widening scope of the work she and her teams are carrying out, covering as it does not only the school child from the educational aspect, but also the demands of the Probation and Children's Committees and of the Health Committee in respect of children under five years of age.

During the year the interest of a number of Head Teachers in the work of the Child Guidance Clinic became more manifest and it was agreed in one Division that the Head Teacher of the appropriate school should be invited by the Psychiatrist to contribute to the reports which are studied before a decision is taken on any case, in addition to any school report already made.

There was an interesting development in Psychiatric preventive work in Oxhey. Social Workers and others interested in that community hold regular case conference meetings. The Psychiatrist for the Division frequently attends these meetings to give advice on the problems which bear upon his speciality.

Dr. Lucas, Medical Director of the Hertfordshire Child Guidance Service, reports :—

" During 1954 there have been several changes of staff : Mrs. H. Stekel, the Lay Psychotherapist, resigned at the end of October to take up work in a large Clinic in New York. Her place has been taken by Mrs. E. Norman of Guys Hospital who, as was the case with her predecessor, is primarily concerned with the therapy of parents of some of our child patients.

Three Psychiatric Social Workers, Miss Justiz, Miss Russell, and Mrs. Morris, left during the year and Miss Caunter, Miss Bristow, and Miss Thomson joined us in their places.

Dr. Margaret Morgan, the Child Guidance Registrar, completed her training and has been succeeded by Dr. A. C. Woodmansey.

Dr. Rosemary Pritchard was granted an extended leave to attend a Psychological Conference in New York.

In spite of the fact that for the greater part of the year we were working with four and a half Psychiatric Social Workers instead of five, and the number of psychiatric sessions, owing to various absences—including Dr. Pritchard's—were decreased by about 150, the claims on our services have increased considerably. If one totals the applications for full service together with those for psychological investigation only, the number of referrals and re-referrals during 1954 were 15 per cent more than those received in 1953. The current cases show an even more striking increase : the number of families for whom active work was done during 1954 reached a total of 1,509, this being over 18 per cent

more cases than those dealt with in 1953. Even so, this figure does not include either the after-care interviews done during the year, which total 749, or the interviews given by the Senior Psychiatric Social Worker at the Child Development Clinic, which total 101.

It is clear from the above that not only are the demands on our services rapidly increasing, but also that in our attempt to deal with them without seriously increasing our waiting list, we are obliged to spread our butter more thinly than ever. This is unfortunate from many points of view. There is bound to be a temptation to complete the treatment of a child at the earliest possible moment when more thorough treatment might give better long term results. Moreover, there are many interested members of the community, such as Head Teachers, Probation Officers, Health Visitors, Child Welfare Workers, and staffs of Children's Homes who are very anxious to do all they can to help the children whom we see here. A closer contact with the Clinic than is possible under present circumstances would be highly advantageous in the treatment of many of our children since it is of utmost importance that if a child's problems are to be dealt with satisfactorily, a common understanding should be reached between those who have the child in their care.

We receive many tempting requests, moreover, to undertake work which could do much to lessen the incidence of juvenile delinquency and neurosis in the community. It is, however, unfortunate that the value of preventive work is not statistically evident, except from the long-term point of view, and the urgent need to deal with children already showing problems makes any new project of this nature impractical at the present time.

The main item on our present programme which can be considered under this heading is the direct psychological service to the schools. It is now generally known that children can be referred to the Clinic solely for educational retardation. In 1954 the number of children examined under this heading was 358—an increase of exactly 100 over the previous year. Since prolonged failure in school work has, by most investigators, been shown to be one of the major causes of delinquency, the co-operation between the schools and the Clinic is likely to have a far-reaching effect as far as the child's stability and integration into the community in adult life is concerned.

The Child Development Centre, at which our Senior Psychiatric Social Worker sees mothers whose infants are presenting feeding, sleeping, and other problems, has now been running for its first full year. During this period 21 new cases have been seen and six cases continued attendance from the previous year. I regard this type of work as being particularly rewarding as the building up of a happy and confident relationship between mother and baby is probably the greatest safeguard of all against emotional and behaviour problems in later life.

The increase of some 100,000 in the population of the County since 1946, together with a high proportion of children in the rehoused families, creates a considerable addition to the demands on our services and there seems to be no reason to believe that this increase will not continue.

Training and Public Relations Work.

Two A.C.M.O.s completed their practical training in mental testing during the year and one is still continuing.

The final training of an Educational Psychologist from Birmingham University was undertaken here during the summer.

Two Mental Health Students from the London School of Economics attended here during the summer for their practical training.

Five doctors from local hospitals attended the Short Course in Child Guidance which now has to be held only on alternate years. Unfortunately, owing to pressure of other work, not all of these were able to attend regularly and to complete the course.

We had the pleasure of welcoming various groups of visitors, including Magistrates and Probation Officers from Cambridge, Health Visitors, and Psychologists and Psychiatrists both from other parts of the country and from abroad.

A number of lectures were given within and outside the County by various members of the staff, including lectures in courses arranged by the Ministry of Education for teachers from all parts of the country.

In spite of our difficulties in maintaining community contacts with the thoroughness we would desire, we have reason to be grateful for the friendly co-operation shown by family doctors, School Medical Officers, teachers, Probation Officers, and many other groups who, equally with us, are concerned that the present generation shall have the best possible start in life.

R. E. Lucas,
Medical Director."

Hertfordshire Child Guidance Service.

Summary of Clinic Cases, 1954.

	0–15 yrs.	*15–18.*	*Over 18.*	*Total.*
No. of Current Cases during 1954	*1,105*	*22*	*24*	*1,151*
New cases referred during 1954	562	17	10	589
Old cases referred again	120	2	1	123
Cases brought forward from 1953	423	3	13	439
Total number of Interviews	*7,802*	*126*	*204*	*8,132*
Psychiatrist	3,048	70	203	3,321
Educational Psychologists	1,635	14	—	1,649
Psychiatric Social Workers	3,119	42	1	3,162
After-Care Interviews during 1954	*719*	*4*	*26*	*749*
Psychiatrists	181	3	6	190
Educational Psychologists	197	1	1	199
Psychiatric Social Workers	341	—	19	360

Educational Cases.

	Under 5 yrs.	*5–15 yrs.*	*Total.*
No. referred during 1954	30	341	371
No. examined during 1954	19	339	358

Child Development Clinic—Welwyn Garden City.

No. of Interviews during 1954 (P.S.W.)	101

SCHOOL DENTAL SERVICE.

The Principal School Dental Officer reports:—

"The staffing position continues to improve steadily. During the year the services of three additional whole-time and two additional part-time Dental Officers were secured, which brought the total to twenty-three, six of whom are whole-time and seventeen part-time, equivalent to twelve in terms of whole-time Officers.

In the report for last year, mention was made of the effects on recruitment of the attraction of the higher rates of remuneration obtainable in the General and Hospital Dental Services: there has since been an improvement in the salary scale for officers employed by Local Authorities which, taken in conjunction with the reduced demands for attention in the General Dental Service brought about by the introduction of charges, has certainly operated to the benefit of the School Dental Service. Reference was also made in the report for last year to the somewhat unfavourable aspect of the salary scale from the point of view of encouraging recently qualified practitioners to enter the service. Very little betterment in this respect is shown in the revised scale. Another aspect of the scale, which operates deleteriously to recruitment of Dental Officers, is the restricting to a maximum of five years the period of experience in practice which may be taken into account by an employing authority when determining the point on the scale at which an Officer should be placed on

appointment. Obviously, this restriction deters dental practitioners who have gained considerable experience in general practice from entering Local Authorities' Services. It is to be hoped that amendments to the Dental Whitley Council (Local Authorities) Scale will be made, which will allow employing Authorities greater powers in the exercise of their discretion in this respect, and thereby extend the field of recruitment to include those dental practitioners whose experience could be of benefit to the service.

A Whitley Council Scale of salaries for Dental Attendants came into operation this year, replacing the National Joint Council's Miscellaneous Grade I Scale previously applied to these Officers. Remuneration under the new scale is less than that of either the Miscellaneous Grade I Scale or the General Division Scale, on one or the other of which many Authorities had placed Dental Attendants. This is most unfortunate, and will not help to attract suitable applicants for these posts. The duties include clerical work, such as making appointments, charting treatment, and the findings of examinations, etc., responsibility for stocks of anæsthetics, filling materials, drugs, etc., sterilizing of instruments, preparation of fillings and dressings, attendance upon patients before and after treatment, interviewing parents, and so on. The performance of these duties necessitates tact and intelligence. Personal contacts with Head Teachers, Nurses, and others, as well as parents and children, require Dental Attendants to be of good address. They contribute very largely to the smooth running and efficiency of the dental service, and it is hoped that their present salary scale will be subject to review in the near future.

It has been possible to reopen six clinics during the year, bringing the total of those which are now functioning regularly to twenty. Others are in the process of being reopened and will be running early in 1955. Advantage is taken in this connection to improve the dental equipment where necessary. The standard of equipment at dental clinics is a matter of considerable importance, and influences the recruitment of dental officers in no small measure—prospective applicants for both whole-time and part-time appointments invariably inquire as to the type of apparatus, etc., provided. Good equipment allows good work to be carried out with the minimum of fatigue to both operator and patient, thereby increasing efficiency, and it also has the beneficial effect of raising the prestige of the service in the eyes of parents and others concerned. The setting up of new health centres and school health annexes, at present in process, is greatly welcomed, and will effect improvements in every direction ; advantage will be taken to the fullest extent of the enhanced facilities it will thus be possible to provide for the dental care of the school children.

There has been a substantial improvement in the amount of work carried out in the School Dental Service this year, details of which are set out in Table V. It will be noted that 31,396 children received dental inspection, 27,599 in the schools and 3,797 at the clinics and that the attendances made by pupils for treatment at the clinics amounted to 30,026. Both these figures are the highest recorded for six years. The " Specials " (heading 1 (*b*) of the table) indicate children who attend the clinics otherwise than as a result of school dental inspection, that is, they are referred by School Medical Officers, School Nurses, and Head Teachers, or brought along by the parents themselves, quite often on account of urgency. These cases constitute a problem in several ways. If they attend the clinics without prior notification, they encroach on the time already booked for the cases attending by appointment which, naturally, leads to complaints from the parents concerned ; if time is left vacant for casual attendances, the dental officer is likely to find that his sessions are not fully occupied. It will also be appreciated that an increase in the number of " specials " would be at the expense of the " routine " cases, which would lead to the lengthening of the intervals between inspections, and thus tend to delay the provision of facilities for the comprehensive dental treatment, including inspection, of all children of school age, which is a statutory duty of the Authority. Children who need treatment urgently, for example, those suffering

pain, are, of course, seen as soon as possible, and Head Teachers are asked to refer only the genuinely urgent cases. The School Medical Officers and School Nurses are asked to refer only similar cases or those whose general health is considered to be affected adversely by their dental condition.

It is encouraging to note that treatment under the School Dental Service was accepted by 73 per cent of those to whom it was offered. In 77 per cent of these cases complete treatment had been given by the end of the year. Fillings in permanent teeth numbered 12,531 and extractions of permanent teeth totalled 1,553, which is in the ratio of 8 : 1, the best so far recorded. It should be mentioned that 13 per cent of these extractions were carried out for orthodontic reasons and not because the teeth were unsavable. The emphasis on conservation is shown even more clearly by the fact that the increase over last year in the number of fillings in permanent teeth amounted to 3,984, whereas the increase in the number of permanent teeth extracted was only 159. The corresponding increases in respect of the temporary teeth were 2,406 and 2,356 respectively. The object of conserving the deciduous dentition is not only to preserve an adequate masticatory area for the child, but also to prevent the types of irregularity of the permanent teeth which often arise following premature loss of the temporary teeth. Nevertheless, there may be signs of a tendency to more time being spent on this work than can be justified, signs which are being carefully watched. It might be appropriate to refer here to the conservation of these teeth by the application of Silver Nitrate ; this form of treatment, which is efficacious in certain cases, causes staining in fissures and cavities in the teeth which sometimes gives rise to the mistaken opinion that the teeth are actively carious.

Orthodontic treatment continues to be greatly in demand. Cases are normally referred by the Dental Officers, but requests are also being received from general practitioners and, occasionally, from School Medical Officers. The patients accepted for courses of treatment are selected carefully, as not all cases presenting malformations of the jaws or irregular teeth are suitable, either for clinical reasons, or on account of age, or from the point of view of co-operation of the patient or parent, which is absolutely essential if a successful conclusion is to be secured. This form of treatment is carried out by the Orthodontist, the Dental Officers taking an active part in the scheme, under his direction. Regular sessions are held for this work at ten centres, and amounted to 223 in the year, in which over 4,000 attendances were made. The number of new appliances fitted was 512. Very excellent results are obtained, and as the dental service expands, extension of the arrangements for orthodontic treatment will have to be considered.

The fluoridation of domestic water supplies as a means of controlling dental caries was referred to in the report for last year, and it was stated that the Minister of Health, in conjunction with the Minister of Housing and Local Government, proposed to arrange for studies to be made in selected communities of the various aspects of the question. Four areas have now been selected, namely, Anglesey, Darlington, Kilmarnock, and Watford, and in each case the Local Authority has accepted the Minister's invitation to participate in the studies and to introduce a controlled quantity of fluoride into its water supply. Periodical dental examination will be required of children of various ages who have been life-long residents in the areas, and also of adults living and working there. This work will be carried out by officers of the Ministry and no encroachment on the time of the School Dental Officers will be involved. Comparisons will be made with similar-sized areas in the country in which fluorides will not be introduced and where they are not naturally present. The date has not yet been notified on which the studies will commence.

Arrangements are proceeding for the early commencement in 1955 of the approved investigation into the value of a limited period of intensive dental health propaganda directed to a group of children in St. Albans. About 4,000 children will be selected, divided equally into " Experimental " and " Control "

groups, due regard being given to home back-grounds, etc. 250 children, aged 12–14 years, in each group will be dentally examined at the beginning of the Spring term, and a questionnaire completed for each of the 4,000 children. The objects of the questionnaires will be an attempt to ascertain the proportions of children who clean their teeth regularly, the frequency with which this is done, etc. Children in the experimental group will be supplied with tooth brushes and dentifrice through the Oral Hygiene Service, without charge, for use at home. Films, film strips, wall charts, posters, pamphlets, etc., will be issued to form the basis for lessons during term to the experimental group. Small prizes for the poster best designed to put across the message of dental hygiene, and for the best essay on the subject, will be given, the work to be judged by the school staff and the cost to be defrayed by the Oral Hygiene Service. At the end of the Spring term, questionnaires will again be completed for the children in the experimental group, and re-examinations will be made of children in both groups. At the end of the Summer term, final questionnaires will be completed, and re-examinations made, in respect of children in both groups. It is hoped, by this investigation, to obtain some knowledge of possible effects of stressing the importance of oral hygiene to the children and their parents.

The general position regarding the School Dental Service has improved substantially during the year under review, and there are signs of definite recovery from the setbacks suffered when the National Health Service was instituted. Progress may not be as rapid as desired, but it can be said, without undue optimism, that the outlook is brighter than it has been at any time during the past six years. Appreciation must be expressed to the staff for their efforts and to all those who have contributed towards the real advance which has been made."

STATISTICAL TABLES FOR THE WHOLE COUNTY

Medical Inspection and Treatment, 1954

School Population, 1954.

The average numbers of scholars on school rolls for year ended 31st July, 1954, were :—

Primary School children . . .	63,417	*58,620*
Secondary School children . . .	28,508	*26,986*
	91,925	*85,606*

The official return to the Ministry of Education for the year ended 31st December, 1954, was as follows :—

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

(*This return refers to a complete calendar year*)

A. Periodic Medical Inspections.

Age Groups inspected and number of children examined in each :—

Primary entrants	12,139	*11,406*
Secondary entrants	8,185	*1,768*
Secondary leavers	6,845	*7,429*
Total	27,169	*20,603*
Additional periodic inspections *	9,117	*9,836*
Grand Total	36,286	*30,439*

B. Other Inspections.

Number of special inspections	5,361	*5,527*
Number of re-inspections	29,081	*27,996*
Total	34,442	*33,523*

C. Pupils Found to Require Treatment.

Number of individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.

(1) Pupils found at periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups inspected (1)	For defective vision (excluding squint) (2)		For any of the other conditions recorded in Table IIA (3)		Total individual pupils (4)	
Primary entrants . . .	355	*309*	1,358	*1,603*	1,587	*1,823*
Secondary entrants . . .	514	*71*	877	*233*	1,297	*289*
Secondary leavers . . .	377	*281*	394	*433*	731	*655*
Total	1,246	*661*	2,629	*2,269*	3,615	*2,767*
Additional periodic inspections * .	464	*510*	984	*1,210*	1,333	*1,601*
Grand Total	1,710	*1,171*	3,613	*3,479*	4,948	*4,368*

* E.g. children at Special Schools or who missed the usual periodic examination.

(1953 figures in italics.)

TABLE II

A. Return of Defects found by Medical Inspection in the Year Ended 31st December, 1954.

Note :—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	Defect or Disease (1)	Periodic Inspections — Number of Defects — Requiring treatment (2)		Periodic Inspections — Number of Defects — Requiring to be kept under observation, but not requiring treatment (3)		Special Inspections — Number of Defects — Requiring treatment (4)		Special Inspections — Number of Defects — Requiring to be kept under observation, but not requiring treatment (5)	
4	Skin	280	*215*	229	*227*	628	*438*	14	*15*
5	Eyes—								
	(*a*) Vision	1,710	*1,171*	1,818	*1,771*	196	*308*	48	*65*
	(*b*) Squint	353	*334*	150	*240*	29	*32*	8	*4*
	(*c*) Other	118	*150*	114	*106*	107	*92*	7	*21*
6	Ears—								
	(*a*) Hearing	45	*53*	186	*191*	44	*60*	36	*32*
	(*b*) Otitis Media	89	*73*	145	*133*	28	*58*	8	*5*
	(*c*) Other	61	*55*	89	*86*	59	*98*	14	*14*
7	Nose or throat	548	*684*	1,320	*1,713*	64	*181*	41	*81*
8	Speech	155	*154*	294	*228*	71	*72*	12	*22*
9	Cervical glands	39	*51*	346	*504*	4	*6*	15	*15*
10	Heart and circulation	70	*68*	362	*358*	10	*22*	25	*20*
11	Lungs	240	*172*	589	*654*	44	*38*	37	*38*
12	Developmental—								
	(*a*) Hernia	16	*26*	46	*68*	—	*3*	1	*5*
	(*b*) Other	59	*41*	335	*279*	12	*17*	12	*22*
13	Orthopædic—								
	(*a*) Posture	358	*333*	447	*519*	44	*42*	9	*14*
	(*b*) Flat foot	430	*463*	304	*303*	55	*48*	9	*4*
	(*c*) Other	665	*673*	711	*967*	69	*78*	44	*19*
14	Nervous system—								
	(*a*) Epilepsy	27	*23*	33	*32*	13	*3*	8	*1*
	(*b*) Other	24	*17*	184	*229*	23	*36*	29	*35*
15	Psychological—								
	(*a*) Development	67	*48*	401	*386*	157	*144*	45	*64*
	(*b*) Stability	84	*46*	380	*315*	78	*86*	70	*58*
16	Other	160	*167*	492	*369*	1,146	*1,256*	230	*145*

B. Classification of the General Condition of Pupils Inspected During the Year in the Age Groups (see note on Table I).

Age Groups Inspected	Number of Pupils Inspected		A (Good) — No.		A (Good) — % of Col. 2		B (Fair) — No.		B (Fair) — % of Col. 2		C (Poor) — No.		C (Poor) — % of Col. 2	
(1)	(2)		(3)		(4)		(5)		(6)		(7)		(8)	
Primary entrants	12,139	*11,406*	6,522	*5,106*	53·7	*44·8*	5,405	*6,069*	44·5	*53·3*	212	*231*	1·8	*2·0*
Secondary entrants	8,185	*1,768*	4,235	*881*	51·7	*49·8*	3,797	*857*	46·4	*48·5*	153	*30*	1·9	*1·7*
Secondary leavers	6,845	*7,429*	4,091	*3,948*	59·8	*53·0*	2,686	*3,395*	39·2	*45·7*	68	*86*	1·0	*1·2*
Additional periodic inspections	9,117	*9,836*	4,873	*4,900*	53·4	*49·8*	4,107	*4,730*	45·1	*48·1*	137	*206*	1·5	*2·1*
Total	36,286	*30,439*	19,721	*14,835*	54·4	*48·7*	15,995	*15,051*	44·0	*49·4*	570	*553*	1·6	*1·8*

Note :—The figures in Column (2) should normally equal those detailed under Table Ia.

(1953 figures in italics.)

TABLE III

Infestation with Vermin

(i) Total number of examinations in the schools by the school nurses or other authorized persons	192,772	*261,599*
(ii) Total number of *individual* pupils found to be infested	159	*583*
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	47	*47*
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—

NOTES :—All cases of infestation, however slight, should be recorded.
The return should relate to individual pupils and not to instances of infestation.

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

NOTES :—(*a*) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(*b*) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

N.B.—The information asked for in this table falls into these two Divisions (*a*) and (*b*), except in Group 5 (Child Guidance Treatment).

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year			
	By the Authority		Otherwise	
Ringworm— (i) Scalp	1	*4*	1	*1*
(ii) Body	6	*8*	1	*3*
Scabies	3	*7*	3	—
Impetigo	168	*167*	6	*4*
Other skin diseases	851	*916*	85	*57*
Total	1,029	*1,102*	96	*65*

GROUP 2.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

	Number of cases dealt with			
	By the Authority		Otherwise	
External and other, excluding errors of refraction and squint	526	*515*	66	*79*
Errors of refraction (including squint)	7,636*	*7,238**	206	*255*
Total	8,162	*7,753*	272	*334*
Number of pupils for whom spectacles were (*a*) Prescribed	3,658*	*3,359**	12	*2*
(*b*) Obtained	4,124*	*3,742**	2	*2*

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

(1953 figures in italics.)

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases treated			
	By the Authority		Otherwise	
Received operative treatment—				
(*a*) for diseases of the ear	—	—	57	*63*
(*b*) for adenoids and chronic tonsillitis	—	—	1,041	*1,022*
(*c*) for other nose and throat conditions	—	—	53	*56*
Received other forms of treatment	213	*217*	153	*162*
Total	213	*217*	1,304	*1,303*

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals	24	*16*

	By the Authority		Otherwise	
(*b*) Number treated otherwise, e.g. in clinics or out-patient departments	—	—	178	*174*

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated			
	In the Authority's Child Guidance Clinics		Elsewhere	
Number of pupils treated at Child Guidance Clinics	1,127	*991*	121	*124*

GROUP 6.—SPEECH THERAPY.

	Number of cases treated			
	By the Authority		Otherwise	
Number of pupils treated by Speech Therapists	994	*838*	11	*20*

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated			
	By the Authority		Otherwise	
(*a*) Miscellaneous minor ailments	2,805	*2,495*	232	*135*
(*b*) Other than (*a*) above (specify)—				
(1) Lungs	—	—	144	*130*
(2) Heart	—	—	29	*18*
(3) Glands	—	—	11	*9*
(4) Nervous system	—	—	28	*14*
(5) Developmental	—	—	33	*34*
(6) Rheumatism	—	—	18	*12*
(7) Appendicitis	—	—	65	*112*
(8) Other conditions	—	—	125	*197*
Total	2,805	*2,495*	685	*661*

(1953 figures in italics.)

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers :—		
	(*a*) At Periodic Inspections	27,599	*18,759*
	(*b*) As Specials	3,797	*3,363*
	Total (1)	31,396	*22,122*
(2)	Number found to require treatment	21,005	*14,909*
(3)	Number offered treatment	19,866	*14,568*
(4)	Number actually treated	14,528	*9,829*
(5)	Attendances made by pupils for treatment	30,026	*22,388*
(6)	Half-days devoted to : Periodic Inspection	180	*128*
	Treatment	3,671	*2,576*
	Total (6)	3,851	*2,704*
(7)	Fillings : Permanent Teeth	12,531	*8,547*
	Temporary Teeth	5,374	*2,968*
	Total (7)	17,905	*11,515*
(8)	Number of teeth filled : Permanent Teeth	11,081	*7,714*
	Temporary Teeth	5,146	*2,829*
	Total (8)	16,227	*10,543*
(9)	Extractions : Permanent Teeth	1,553	*1,394*
	Temporary Teeth	8,306	*5,950*
	Total (9)	9,859	*7,344*
(10)	Administration of general anæsthetics for extraction	4,876	*4,072*
(11)	Other operations : Permanent Teeth	6,236	*4,907*
	Temporary Teeth	5,103	*4,015*
	Total (11)	11,339	*8,922*

(1953 figures in italics.)

APPENDIX

CLINIC SERVICES.

(February, 1955.)

NORTH HERTFORDSHIRE DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Baldock—Medical Room, Senior School	Monday, Wednesday, Friday, 9.30 a.m.	Wednesday, 9.30 a.m. Dr. S. Moynihan.
Hitchin—The Maples, Bedford Road .	Monday, Wednesday, Friday, 9–10 a.m.	Friday, 10 a.m. Dr. V. R. Walker.
Letchworth—Howard Hall, Norton Way.	Monday, Wednesday, Friday, 9–10 a.m.	Wednesday, 10.30–12. Dr. S. Moynihan.
Stevenage—27 High Street . .		Children to see Dr. to attend I.W.C. on Wednesday, 1st and 3rd p.m.
(*b*) *Ophthalmic.*		
Hitchin—The Maples, Bedford Road .	Thursday, a.m.	Dr. R. G. Hodder.
Stevenage—27 High Street . .	Alternate Fridays, a.m.	Dr. R. G. Hodder.
(*c*) *Orthoptic.*		
Hitchin—The Maples, Bedford Road .	Thursday, a.m., p.m.	Mrs. E. C. Sweeny.
(*d*) *Speech.*		
Hitchin—The Maples, Bedford Road .	Tuesday, a.m., p.m.	Mrs. A. M. Battcock.
Letchworth—Howard Hall, Norton Way.	Monday, a.m., p.m.	Mrs. A. M. Battcock.
Stevenage—27 High Street . .	Thursday, a.m., p.m.	Mrs. A. M. Battcock.
(*e*) *Child Guidance.*		
Hitchin—The Maples, Bedford Road .	Tuesday, a.m., pm. do. am., p.m. do. a.m., p.m., once monthly.	Miss Jones. Dr. Rappaport Dr. R. Vacher.
(*f*) *Dental Clinics.*		
Hitchin—The Maples, Bedford Road .	Monday, p.m. Tuesday, alter., a.m.	
Letchworth—Howard Hall, Norton Way.	Tuesday, alter., a.m. Friday, p.m.	
Stevenage, Barclay M. School, Walkern Road.	Monday, a.m., p.m. Tuesday, a.m., p.m. Wednesday, a.m., p.m. Thursday, a.m., p.m. Friday, a.m., p.m. Saturday, a.m., alter.	

EAST HERTFORDSHIRE DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Bishop's Stortford—Nurses' Home, Portland Road.	Daily, 9–9.30 a.m.	2nd and 4th Fridays, 9.30–12 noon. Dr. Jones.
Hertford—Welfare Centre, Bull Plain .	Daily, 9–9.30 a.m.	Monday, 2–4.30 p.m. Dr. J. Crawley.
Hoddesdon—F.A.P., Council Offices .	Daily, 9–9.30 a.m.	1st and 3rd Mondays, 9.30–12 noon. Dr. Jones.
Ware—87 High Street . . .	Daily, 9–9.30 a.m.	Monday, 9.30–12 noon. Dr. L. Karpati.
Waltham Cross—Welfare Centre, High Street.	Daily, 9–9.30 a.m.	2nd and 4th Wednesday, 9.30–12 noon. Dr. L. Karpati.
(*b*) *Ophthalmic.*		
Hertford—National Eye Service, Parliament Square.	Monday and Wednesday, a.m.	Dr. G. W. May.
Bishop's Stortford—Haymeads Hospital.	Monday, p.m.	Dr. G. W. May.
Buntingford—Bridgefoot House .	Tuesday, a.m., monthly.	Dr. G. W. May.
Waltham Cross—Welfare Centre, High Street.	Friday, a.m.	Dr. G. W. May.

(c) Orthoptic.		
Waltham Cross—Welfare Centre, High Street.	Tuesday, a.m., and Thursday, a.m., p.m.	Miss M. E. Jones.
Ware—87 High Street . . .	Wednesday, a.m. and p.m.	Mrs. E. C. Sweeny.
(d) Speech		
Bishop's Stortford—Nurses' Home, Portland Road.	Wednesday, a.m., and p.m.	Miss N. M. Douglas.
Broxbournebury School . . .	Tuesday, p.m.	Miss N. M. Douglas.
Buntingford—Bridgefoot House .	Thursday, a.m.	Miss N. M. Douglas.
Hertford—Welfare Centre, Bull Plain .	Monday, a.m., p.m. Tuesday, a.m., p.m.	Mrs. J. M. Martin.
Hoddesdon—F.A.P., Council Offices .	Tuesday, a.m.	Miss N. M. Douglas.
Rye Park—Infants' School . .	Thursday, p.m.	Miss N. M. Douglas.
Waltham Cross—Welfare Centre, High Street.	Friday, a.m., p.m.	Miss N. M. Douglas.
Ware—87 High Street . . .	Monday, p.m.	Miss N. M. Douglas.
(e) Child Guidance.		
Bishop's Stortford, Nurse's Home, Portland Road.	Thursday, a.m . and p.m.	Dr. Roper.
Hoddesdon—F.A.P. Council Offices .	Thursday, a.m. and p.m.	Dr. Vacher, Dr. Roper, Mrs. Oppenheimer.
(f) Dental.		
Hertford—27 Bull Plain . . .	Monday, a.m. Tuesday, a.m., p.m. Wednesday, a.m. Thursday, p.m., 1st, 3rd, 5th. Friday, a.m., p.m. Saturday, a.m., alter.	
Much Hadham—The Village Hut .	Wednesday, 2nd, 3rd, 4th, p.m.	
Waltham Cross—Welfare Centre, High Street.	Monday, alter., p.m. Tuesday, a.m., alter., p.m. Wednesday, a.m. Thursday, a.m., p.m. Friday, a.m. Saturday, a.m., alter.	
Bishop's Stortford—25*a* Portland Road	Monday, alternate, a.m. (Orthodontic).	

SOUTH HERTFORDSHIRE DIVISION.

	Open.	*In Attendance.*
(a) Minor Ailments.		
Barnet—Vale Drive	Daily, 9–9.30 a.m.	2nd and 4th Mondays, 9.30–11.30 a.m. Dr. H. E. Ormiston.
East Barnet—151 East Barnet Road .	Daily, 9–9.30 a.m.	2nd and 4th Friday, 9.30 a.m. Dr. H. E. Ormiston.
(b) Ophthalmic.		
Barnet—Vale Drive	Wednesday, a.m.	Dr. K. Matthews.
East Barnet—Church Farm, Burlington Rise.	1st, 2nd, 3rd, and 4th Fridays, a.m.	Dr. K. Matthews.
	2nd and 4th Mondays, p.m.	Dr. R. M. Thornton.
(c) Orthoptic.		
East Barnet—Church Farm, Burlington Rise.	Friday, a.m., p.m.	Miss M. E. Jones.
Barnet—Vale Drive	Tuesday, a.m., p.m.	Mrs. E. C. Sweeny.
(d) Speech.		
Barnet—F.A.P. Vale Drive . .	Wednesday, a.m., p.m., Friday, a.m., p.m.	Miss G. M. Farmer.
East Barnet—Church Farm, Burlington Rise.	Tuesday, a.m., p.m. Thursday, a.m.	Miss G. M. Farmer.
(e) Child Guidance.		
Barnet—F.A P., Vale Drive . .	Thursday, a.m., p.m.	Dr. Mannheim.
	do. do.	Mrs. Whitehead.

(*f*) *Dental.*

East Barnet—149 East Barnet Road .	Monday, a.m. Tuesday, a.m., p.m. Wednesday, a.m., p.m. Friday, p.m.
East Barnet—Church Farm, Burlington Rise.	Monday, p.m., alter. Thursday, a.m., p.m.
High Barnet—F.A.P., Vale Drive .	Monday, a.m., p.m. Tuesday, a.m., alter p.m. Wednesday, a.m., p.m. Thursday, a.m., p.m. Friday, a.m., p.m.

DACORUM DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Berkhamsted—The Hut, Council Offices	Monday, Wednesday, Friday, 9–10 a.m.	Wednesday, 9–10.30 a.m. Dr. M. M. Harwood, when required.
Tring—Church Room, Akeman Street .	Wednesday, 9–10 a.m.	Dr. M. M. Harwood attends Wednesdays at 11 a.m. when required.

(*b*) *Ophthalmic.*

Berkhamsted—The Hut, Council Offices	Saturday, a.m., as required.	Dr. N. W. Gardener.
Hemel Hempstead—Churchill, Park Road.	Wednesday, p.m.	Dr. R. S. E. Brewerton.

(*c*) *Orthoptic.*

Hemel Hempstead—Churchill, Park Road.	Wednesday, a.m., p.m.	Miss J. Davie.

(*d*) *Speech.*

Berkhamsted—The Hut, Council Offices	Friday, a.m.	Mr. L. Willmore.
Hemel Hempstead—Churchill, Park Road.	Friday, p.m.	Mr. L. Willmore.
Hemel Hempstead—Adeyfield Hall .	Thursday, a.m., p.m.	Mrs. J. M. Martin.

(*e*) *Dental.*

Hemel Hempstead—Churchill, Park Road.	Monday, a.m., p.m. Tuesday, a.m. Wednesday, a.m., p.m. Friday, a.m., p.m.

MID HERTFORDSHIRE (WELWYN) DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Hatfield—Northcotts . . .	2nd and 4th Tuesdays, 9.30–10.15 a.m.	2nd and 4th Tuesday, 9.30–10.15 a.m. Dr. M. S. Miller.
Green Lanes, Dellfield, and St. Audrey's Schools.	Daily.	Dr. Miller visits these schools on 2nd and 4th Tuesday, 10.30–12 noon.
Welwyn Garden City—Community Centre Annexe.	Daily, 9 a.m.	Monday, 9.30 a.m. Dr. M. S. Miller.

(*b*) *Ophthalmic.*

Hatfield—Northcotts, Great North Road.	2nd, 3rd, and 4th Tuesday, p.m.	Dr. McIlroy.
Welwyn Garden City—Community Centre.	1st, 2nd, and 4th Tuesday, a.m.	Mr. L. M. Green.

(*c*) *Orthoptic.*		
Hatfield—Northcotts, Great North Road.	Monday, a.m., p.m.	Mrs. E. C. Sweeny.
Welwyn Garden City—Lawrence Hall .	Friday, a.m., p.m.	Mrs. E. C. Sweeny.
(*d*) *Speech.*		
Hatfield—Northcotts . . .	Wednesday, p.m.	Mrs. A. M. Battcock.
Welwyn Garden City—Community Centre.	Friday, a.m., p.m.	Mrs. A. M. Battcock.
(*e*) *Dental.*		
Welwyn Garden City—Community Centre Annexe.	Monday, p.m., alter. Tuesday, a.m., p.m. Wednesday, a.m., p.m. Thursday, a.m.	
Welwyn—Welfare Centre, Bloomfield Road.	Monday, p.m. Wednesday, p.m. Thursday, a.m. (except 1st). Thursday, p.m. (2nd and 4th).	

ST. ALBANS DIVISION.

	Open.	*In Attendance.*
(*a*) *Minor Ailments.*		
Harpenden—40 Luton Road . .	Wednesday, 9–11 a.m.	Wednesday, 9.30–11 a.m. Dr. R. S. Cooper.
London Colney—C.C. Junior School, Kings Head Road.	2nd and 4th Fridays, 9.30–12 noon.	2nd and 4th Fridays, 9.30–12 noon. Dr. D. G. Milne.
St. Albans—Wellington Court, Bricket Road.	Monday, 9–12 noon.	Monday, 9.30 a.m.–12 noon. Dr. R. S. Cooper.
Boreham Wood—F.A.P., Shenley Road	Friday, 9.30—12 noon.	Friday, 9.30–12 noon. Dr. J. Walker.
(*b*) *Ophthalmic.*		
Boreham Wood—F.A.P., Shenley Road	Tuesday, a.m.	Dr. K. Matthews.
Harpenden—40 Luton Road . .	1st and 3rd Mondays, a.m.	Dr. R. G. Hodder.
St. Albans—Wellington Court, Bricket Road.	Tuesdays, a.m. and p.m. Mondays, p.m.	Dr. A. Garrett. Dr. R. G. Hodder.
(*c*) *Orthoptic.*		
St. Albans—Wellington Court, Bricket Road.	Wednesday, a.m., p.m. Thursday, a.m., p.m.	Mrs. P. Forbes.
(*d*) *Speech.*		
Boreham Wood—F.A.P., Shenley Road	Wednesday, a.m., p.m.	Mrs. J. M. Martin.
Boreham Wood—Saffron Green School Annexe.	Monday, a.m., p.m.	Miss G. M. Farmer.
Harpenden—40 Luton Road . .	Thursday, a.m.	Miss B. J. Bentley.
St. Albans—Wellington Court, Bricket Road.	Monday, a.m., p.m. Tuesday, a.m., p.m. Thursday, p.m. Friday, a.m.	Miss B. J. Bentley.

(*e*) *Child Guidance.*

Child Guidance Clinics held at Hill End Hospital, St. Albans.

When held.	*In Attendance.*	*When held.*	*In Attendance.*
Monday, a.m.	Dr. Lucas. Dr. A. Woodmansey. Miss Jones. Mrs. Whitehead.	p.m.	Dr. Lucas. Miss Jones. Mrs. Whitehead.
Tuesday, a.m.	Dr. Vacher. Dr. A. Woodmansey. Dr. Pritchard. Dr. Mannheim. Mrs. E. Norman.	p.m.	Dr. A. Woodmansey. Dr. Vacher. Mrs. E. Norman.
Wednesday, a.m.	Dr. Doyle. Dr. Vacher. Dr. A. Woodmansey.	p.m.	Dr. Doyle. Dr. A. Woodmansey.

Thursday, a.m.	Dr. Lucas. Dr. A. Woodmansey.	p.m.	Dr. Lucas. Dr. Rappaport. Dr. A. Woodmansey.
Friday, a.m.	Dr. Lucas. Dr. A. Woodmansey. Dr. Vacher. Mrs. Whitehead.	p.m.	Dr. A. Woodmansey. Dr. Vacher. Mrs. Whitehead.

(*f*) *Dental.*

Boreham Wood—F.A.P., Shenley Road	Tuesday, a.m. Wednesday, a.m. Friday, a.m., p.m.
St. Albans—Wellington Court, Bricket Road	Monday, a.m., p.m. Tuesday, a.m., p.m. Wednesday, a.m., p.m. Thursday, a.m., p.m. Friday, a.m., p.m. Saturday, alternate a.m.
Harpenden— National Children's Home	Monday, a.m.
Harpenden—40 Luton Road	Thursday, a.m., p.m. Friday, a.m., p.m. Saturday, a.m.

SOUTH-WEST HERTFORDSHIRE DIVISION.

(*a*) *Minor Ailments.*

	Open.	*In Attendance.*
Bushey—Congregational Hall	Monday, Wednesday, Friday, 9–10 a.m.	1st Friday, 9.30–11.30 a.m. Dr. J. Gillespie.
Croxley Green—Malvern Way School	Monday, Wednesday, and Friday. 9–10 a.m.	1st Wednesday, 9.30–11.30 a.m. Dr. B. Colman.
Rickmansworth—Mill End S.M. School	Monday, Wednesday, Friday, 9–10 a.m.	2nd Wednesday, 9.30–11 a.m. Dr. B. Colman.
Watford—65 Queen's Road	Daily, 9–10 a.m.	Monday and Friday, 9.30–12 noon. Dr. R. M. Allinson.
Oxhey—Oxhey Place	Daily, 9–10 a.m.	Monday, Dr. F. Barasi. 9.30–12 noon.

(*b*) *Ophthalmic.*

Watford—65 Queen's Road	Monday, p.m.	Dr. N. Gardener.
	Friday, a.m.	Dr. N. Gardener.
	Tuesday, p.m.	Dr. A. J. Williamson.
	1st and 3rd Thursday, a.m.	Dr. R. S. Brewerton.
	2nd and 4th Wednesday, a.m.	Dr. R. S. Brewerton.
Rickmansworth—The Bury	1st and 3rd Wednesday, a.m.	Dr. R. S. Brewerton.

(*c*) *Orthoptic.*

Watford—65 Queen's Road	Daily, except Wednesday, by appointment.	Miss J. Davie.

(*d*) *Speech.*

Rickmansworth—The Bury	Friday, a.m.	Mrs. J. M. Martin.
Watford—65 Queen's Road	Monday, a.m., p.m. Wednesday, a.m., p.m.	Mr. L. Willmore.
Watford—Harebreaks	Friday, p.m.	Mrs. J. M. Martin.
Oxhey—Oxhey Place	Wednesday, a.m., p.m.	Miss B. J. Bentley.

(*e*) *Child Guidance.*

Watford—The Hut, 1 St. Albans Road.		
	Tuesday, a.m.	Dr. Doyle. Mrs. Whitehead
	Tuesday, p.m.	Dr. Pritchard. Mrs. Whitehead.
	Wednesday, a.m., p.m.	Dr. Mannheim. Miss Jones.
	Thursday, p.m.	Dr. Doyle.
Oxhey—Oxhey Place . . .	Thursday, a.m.	Miss Jones.

(*f*) *Dental.*

Rickmansworth—The Bury . .	Tuesday, a.m., (1st, 3rd, 5th) p.m. Wednesday, a.m., (2nd, 4th, 5th) p.m.
Watford—The Avenue . . .	Monday, a.m., p.m. Tuesday, a.m., p.m. Wednesday, a.m., p.m. Thursday, a.m., p.m. Friday, a.m., p.m. Saturday, a.m., alter.
Watford—65 Queen's Road . .	Monday, a.m., p.m. Tuesday, a.m., p.m. Wednesday, a.m. Thursday, a.m., p.m. Friday, a.m., p.m. Saturday, alternate a.m

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